

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 23 1956

BIRTH NO. 86547-55 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield		c. CITY OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		e. STREET ADDRESS (If rural, give location) 2143 North Newton	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) HOWARD	
		c. (Last) GARTON	
4. DATE OF DEATH (Month) (Day) (Year) January 16 1956			
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Dec 24, 1955	
9. AGE (In years last birthday) —		IF UNDER 1 YEAR Months — Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME -----		13b. MOTHER'S MAIDEN NAME Norma Garton	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Norma Garton, Springfield, Mo.		ADDRESS -----	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) On Kibben ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		INTERVAL BETWEEN ONSET AND DEATH ?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition Heart murmur		7720	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 15, 1955 , 1955, to Jan 15, 1956 , that I last saw the deceased alive on Jan 8, 1956 , and that death occurred at 9:30A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul Benoit		23b. ADDRESS M. P. Springfield, Mo.	
23c. DATE SIGNED 1-17-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 17, 1956	
24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 1-18-56		REGISTRAR'S SIGNATURE Edna Williamson	
25. FUNERAL DIRECTOR'S SIGNATURE Jewell E. Winth		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-5566

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... Bernard F Wright

Licensed Embalmer No. 429

P. O. Address Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.