

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1910

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>			
b. CITY OR TOWN <u>MARCELINE</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>MARCELINE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. WALKER ST.</u>				STREET ADDRESS (If rural, give location) <u>E. WALKER ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS.</u>		b. (Middle) <u>FREEMAN</u>		c. (Last) <u>GARTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 9 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Aug. 1 - 1888</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR (Month) (Day) <u>5 8</u>		IF UNDER 24 HRS. (Hour) (Min.)		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM HAND</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Farm Chariton County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Madison Garton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Susan Schooling</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Hall</u> 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) <u>Pneumonia of bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
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)		21f. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1053</u> to <u>1-9</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1-8</u> , 19 <u>56</u> and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>1-10-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STEIN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MARCELINE, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-11-56</u>		REGISTRAR'S SIGNATURE <u>Mary J. Ridgway</u> <u>401-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Tillatou</u> ADDRESS <u>Marceline, Mo</u>			

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 *Lilburn K. Tillatson*

Licensed Embalmer No. *4508*

P. O. Address *Marceline, Mo.*

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.