

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8931**

BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **5548** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY OR TOWN Prairie Township, Howard Co., Mo.		c. CITY OR TOWN Amstutz	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 5 mi. S.W. of Amstutz			
e. STREET ADDRESS (If rural, give location) Prairie Township 5 mi. S.W. Amstutz			

3. NAME OF DECEASED (Type or Print) LESTER LEO GARVEN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Mar. 13, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 20, 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTH PLACE (City and state or Foreign Country) Clark Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eugene Garven	13b. MOTHER'S MAIDEN NAME Annie Dell Braden	14. NAME OF HUSBAND (if wife deceased) Genelle Garven (dec)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No	16. SOCIAL SECURITY NO. not available	17. INFORMANT'S SIGNATURE OR NAME Charles E. Garven	ADDRESS Amstutz Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation by hanging		INTERVAL BETWEEN ONSET AND DEATH 0
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in barn 1/2 mi. home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PRAIRIE TOWNSHIP HOWARD MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-13-1956 11:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at **11:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE W. W. Ahcraft Sheriff	(Degree or title)	23b. ADDRESS Fayette Mo.	23c. DATE SIGNED 3-14-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 15, 1956	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Amstutz Mo.
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DATE REC'D BY LOCAL REG. 3-14-56	REGISTRAR'S SIGNATURE Walker Audsley	FUNERAL DIRECTOR'S SIGNATURE Audsley-Fremont	ADDRESS Stargaw Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W. J. Sienmouth

Licensed Embalmer No. 397

P. O. Address Glasgow

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.