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FILED JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16944

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5656 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Everton R.R. Clark Native
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Everton R.R.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Clark 055 0

3. NAME OF DECEASED (Type or Print)
a. (First): Gertrude
b. (Middle): May
c. (Last): Garton

4. DATE OF DEATH (Month) (Day) (Year): 4-27-1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-21-1902
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 9 Days 6 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Greene Co. 0
12. CITIZEN OF WHAT COUNTRY? Native
13a. FATHER'S NAME: J.H. Selvey
13b. MOTHER'S MAIDEN NAME: Lou Jane Johnson
14. NAME OF HUSBAND ~~OR WIFE~~: Homer Garton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 489-26-2258
17. INFORMANT'S SIGNATURE OR NAME: Homer Garton — ADDRESS: Everton Mo. R.R.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uterus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 174 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/17, 1956, *to* 4/27, 1956, *that I last saw the deceased alive on* 4/26, 1956, *and that death occurred at* 4:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. S. Bussey (Degree or title) M.D.
23b. ADDRESS: Miller Mo
23c. DATE SIGNED: 4-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-29-1956
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Misemer Cemetery
24d. LOCATION (City, town, or county) (State): East of Miller Mo.

DATE REC'D BY LOCAL REG.: 6-2-56
REGISTRAR'S SIGNATURE: W. S. Bussey
25. FUNERAL DIRECTOR'S SIGNATURE: Morris-Leiman — ADDRESS: Miller Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. R. Leiman

Licensed Embalmer No. 32

P. O. Address Miller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.