

FILED JUN 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. **21538**

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **5989** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) Livonia - Rural - Grant		c. CITY OR TOWN Livonia 0860	
c. LENGTH OF STAY (in this place) Life		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 Rural - Grant Township			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) EMERY c. (Last) GARR			4. DATE OF DEATH (Month) (Day) (Year) June 22 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 15-1876		9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min. 79 9 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner		10b. KIND OF BUSINESS OR INDUSTRY miner		11. BIRTHPLACE (City and State or Foreign Country) Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Garr		13b. MOTHER'S MAIDEN NAME Harriett, Eoline Lucinda Garr		14. NAME OF HUSBAND OR WIFE Paul Garr Ottumwa Ia	
---	--	---	--	--	--

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. 491-14-1480	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Paul Garr Ottumwa Ia			
---	---	--	--	--	--

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) Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	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 4201	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) (m.)	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 **March, 1956**, to **June, 1956** that I last saw the deceased alive on **June 21, 1956**, and that death occurred at **3:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert M. D.	(Degree or title)	23b. ADDRESS Coakville Mo.	23c. DATE SIGNED June-22
---------------------------------------	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-24-56	24c. NAME OF CEMETERY OR CREMATORY Salem	24d. LOCATION (City, town, or county) (State) Dean Iowa
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 6-23-56	REGISTRAR'S SIGNATURE Marvill Turbin	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Meredith Norman Hancock Mo.
--	--	--

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 *Dorothy Foster*.....
Licensed Embalmer No. *4742*

P. O. Address *Fuksville, Va.*

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.