

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28407**  
Registrar's No. **6916**

FILED SEP 6 1956

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS <b>1821 Coleman</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Protsie</b> b. (Middle) c. (Last) <b>Garner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 24 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 1, 1893</b>
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>23</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tobacco Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Baldwin, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			

13a. FATHER'S NAME <b>Henry Garner</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Artemas Garner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-16-4950</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Artemas Garner</b>	ADDRESS <b>1821 Coleman St.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate with Metastasis to Skull, Rib and Pelvis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</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 <b>177 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **6-27-** 19 **56**, to **7-24-** 19 **56**, that I last saw the deceased alive on **7-24-** 19 **56**, and that death occurred at **11:45a.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh Waters</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>2601 N. Whittier St.</b>	23c. DATE SIGNED <b>7-25-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 29, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Baldwin Baptist Church Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Baldwin Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 25 1956</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. RANDLE &amp; SON</b>	ADDRESS <b>3133 Bell Ave.</b>
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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Esther K. Harris*.....

Licensed Embalmer No. *445*

P. O. Address *4181 Wash*

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.