

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34658**

FILED NOV 5 - 1956

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5662** Registrar's No. **80**

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

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural -- La Belle tsp 6 Mo.		c. LENGTH OF STAY (in this place) 6 Mo.	c. CITY OR TOWN LaGrange
d. FULL NAME OF HOSPITAL OR INSTITUTION Praire View Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) No street address		e. STREET ADDRESS 0580	
3. NAME OF DECEASED (Type or Print) a. (First) Rosetta b. (Middle) Elenor c. (Last) Garlock			4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 26, 1875
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. BIRTHPLACE (City and State or Foreign Country) Hurdland, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wilson Kelley		13b. MOTHER'S MAIDEN NAME Caroline Holmn	14. NAME OF HUSBAND OR WIFE Lucian Garlock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Hackard-LaGrange
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident		INTERVAL BETWEEN ONSET AND DEATH 5 days	
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 331X	
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 <u>June</u>, 1956, to <u>Oct 16</u>, 1956, that I last saw the deceased alive on <u>Oct 15</u>, 1956, and that death occurred at <u>Doa. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John W. Willis D.O.		23b. ADDRESS Lewis town MO	
23c. DATE SIGNED 19 Oct 56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 20, 1956	
24c. NAME OF CEMETERY OR CREMATORY Brashear Cemetery		24d. LOCATION (City, town, or county) (State) Brashear, Mo.	
DATE REC'D BY LOCAL REG. 10-29-56		REGISTRAR'S SIGNATURE P.W. Jennings, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE J. Kenneth Bailey		ADDRESS LaGrange	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

161-0

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 *J. Kenneth Bailey*
Licensed Embalmer No. *4248*
P. O. Address *La Grange*

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.