THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42302

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 257 Primary Registration District No. 4389 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY OSAGE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) OSAGE CO. COURT HOUSE — Length of stay in 1b 2 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY OSAGE
c. CITY OR TOWN LINN — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First FRANK Middle RAYMOND Last GARZAND

4. DATE OF DEATH: Month DEC. Day 29th. Year 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 16, 1886
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 6 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Miscellaneous
11. BIRTHPLACE (City and state or country): Linn, Mo., RFD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Garzand
14. MOTHER'S MAIDEN NAME: Celestene Jacques

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486 30 9328
17. INFORMANT: John L. Garzand, Address Linn, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her/him dead on 12/29/56
Death occurred at 7:30p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clyde Morton Coroner
22b. ADDRESS: Linn, Mo.
22c. DATE SIGNED: Dec 31,56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 31, 1956
23c. NAME OF CEMETERY OR CREMATORY: Linn Public
23d. LOCATION (City, town, or county) (State): Linn, Mo.

24. FUNERAL DIRECTOR: Clyde Morton — ADDRESS: Linn, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 31, 1956
26. REGISTRAR'S SIGNATURE: Ta Dubrovilla

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. No diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

## STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Vernon M. Morto

Licensed Embalmer No...41...

P. O. Address....Lenn

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