

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

44530

State File No.

FILED DEC 18 1956

BIRTH NO.		REG. DIST. NO. <u>956</u>		PRIMARY REG. DIST. NO. <u>6211</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>			
b. CITY OR TOWN <u>Roby</u>		c. LENGTH OF STAY (in this place) <u>25</u>		c. CITY OR TOWN <u>Roby</u>		d. STREET ADDRESS (If rural, give location) <u>1070</u>	
3. NAME OF DECEASED a. (First) <u>Elizabeth</u> b. (Middle) <u>Reno</u> c. (Last) <u>Garrell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>JAN. 1, 1875</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Calloway Co, Missouri</u>	
13a. FATHER'S NAME <u>James Dunavant</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Reno</u>		14. NAME OF HUSBAND OR WIFE <u>Marvin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Fulks-Roby</u> ADDRESS <u>Missouri</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> YEARS 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				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)		4200	
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 <u>Dec. 13</u> , 19 <u>56</u> , to <u>Dec. 13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec. 13</u> , 19 <u>56</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Tamm, M.D.</u> (Degree or title)				23b. ADDRESS <u>Houston, Missouri</u>		23c. DATE SIGNED <u>Dec 15, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PALACE</u>		24d. LOCATION (City, town, or county) (State) <u>PALACE, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 15-56</u>		REGISTRAR'S SIGNATURE <u>Murtie Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Callitt Funeral Home - Houston, Mo</u> ADDRESS			

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.