

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44620

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5061 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Barry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Barry</i>	
b. CITY OR TOWN <i>Quarara, Rural</i>	c. LENGTH OF STAY (in this place township) <i>2 Month</i>	c. CITY OR TOWN <i>Monett</i>	d. Is 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 <i>South of Quarara, Mo.</i>		STREET ADDRESS (If rural, give location) <i>900 Bond Street 00510</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Henry</i>	b. (Middle) <i>W.</i>	c. (Last) <i>Gare</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 9 - 1956</i>
-------------------------------------	-------------------------	-----------------------	-----------------------	---

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 2, 1869</i>	9. AGE (In years last birthday) <i>87</i>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months <i>9</i>	Days <i>9</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Jenkins, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
---	-----------------------------------	--	--

13a. FATHER'S NAME <i>William S. Gare</i>	13b. MOTHER'S MAIDEN NAME <i>Jane Hughes</i>	14. NAME OF HUSBAND OR WIFE <i>Mollie Wilson Gare (decd)</i>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Bill Gare</i>	ADDRESS <i>Verona, Mo.</i>
---	-------------------------	--	----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Terminal - anemia.</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Regenerated arteriosclerosis</i> DUE TO (c) <i>Senile hypochloremic pens.</i>		
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 <i>446x</i>	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) (Min.)	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 *July*, 1956, to *Sept 9*, 1956, that I last saw the deceased alive on *Sept 6*, 1956, and that death occurred at *7 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree & title) <i>A.P. Lopez</i>	23b. ADDRESS <i>Mo. Verona, Mo.</i>	23c. DATE SIGNED <i>9-29-56</i>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 11, 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Stubbfield Cemetery, Near McDowell, Mo.</i>	24d. LOCATION (City, town, or county) (State)
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <i>2-6-57</i>	REGISTRAR'S SIGNATURE <i>Lydia H. Bridges</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bennett - Warrington, Monett Mo.</i>	ADDRESS
--	---	--	---------

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

40 50 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 *Harlow Bennett*

Licensed Embalmer No. *421*

P. O. Address *Monett*

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.