

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28762

State File No. _____

FILED AUG 21 1957

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Palmyra	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 months		STREET ADDRESS (If rural, give location) 313 S. Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Roy	b. (Middle) S.	c. (Last) Garnett	4. DATE OF DEATH (Month) (Day) (Year) Aug. 11 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2 April 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Marion County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James O. Garnett	13b. MOTHER'S MAIDEN NAME Sarah M. Ragar	14. NAME OF HUSBAND OR WIFE Opal Crane
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Lyman McPike, Philadelphia, Mo.	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis of the R.V. leg DUE TO (c) _____		1 hr
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"/>
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21a. ACCIDENT (Specify) SUICIDE	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? 06+

22. I hereby certify that I attended the deceased from 1950, to 11 Aug, 1957, that I last saw the deceased alive on 10 Aug, 1957, and that death occurred at 9:30 a m., from the causes and on the date stated above.

23a. SIGNATURE Wynne Hamlin M.D.	(Degree or title) D	23b. ADDRESS Palmyra Mo.	23c. DATE SIGNED 8/16/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 14 Aug. 1957	24c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	24d. LOCATION (City, town, or county) (State) Marion County, Missouri
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DATE REC'D BY LOCAL REG. 8-17-57	REGISTRAR'S SIGNATURE Dr. E.M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE James Brothers - Palmyra, Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 20 1957
MARION CO. HEALTH DEPT.
DATE FILED AUG 20 1957

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 *Geo B Lewis*

Licensed Embalmer No. 2382.....

P. O. Address Palmyra, Mis

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.