

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34789

FILED OCT 28 1957

STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West White Township		c. CITY OR TOWN Windsor	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R #4 Windsor, Mo		d. STREET ADDRESS (If outside, give location) R. #4	

3. NAME OF DECEASED (Type or print) Jesse Marvin Garland			4. DATE OF DEATH Month Oct. Day 19 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20, 1888	9. AGE (In years, last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Benton Co, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charlie Garland	13b. MOTHER'S MAIDEN NAME Lotha Nash	14. NAME OF HUSBAND OR WIFE Edna Sartin
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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. 499-07-4367	17. INFORMANT Gerald Windsor Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 15 min years years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c) Senility	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at DOA to _____ and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William J. Smith MD. (Degree or title)	22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 10-22-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-21-1957	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county), (State) Windsor Mo
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24. FUNERAL DIRECTOR Ellis Huston ADDRESS Windsor, Mo	25. DATE RECD. BY LOCAL REG. October 21, 1957	26. REGISTRAR'S SIGNATURE E. S. Eubank
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Clifford Gouge*

Licensed Embalmer No. *5014*
P. O. Address *Windsor, Md*

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.