

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004797

STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 65 Primary Registration District No. 4113 Registrar's No. 12

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>CHARITON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRUNSWICK Mo</u>		a. STATE <u>MO</u>		b. COUNTY <u>CHARITON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WEST END</u>		Length of stay in lb <u>LIFE</u>		c. CITY OR TOWN <u>BRUNSWICK</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>GARRETT</u>		Middle <u>DYE</u>		Last <u>GARVIN</u>		Month <u>2</u> Day <u>18</u> Year <u>58</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<u>9-4-1876</u>		9. AGE (In years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OIL BUSINESS</u>		11. BIRTHPLACE (City and state or country) <u>BRUNSWICK Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joshua GARVIN</u>				14. MOTHER'S MAIDEN NAME <u>ELIZA CRAIG</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. <u>487-02-3242</u>		17. INFORMANT Address <u>Mrs Dye Garvin (same)</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Arrest</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Terminal</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Diabetes mellitus</u>				<u>10 yrs.</u>	
		DUE TO (c) <u>Atherosclerosis</u>				<u>15 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>260X</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>0</u>
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.)				
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	
21. I attended the deceased from <u>Dec 2 1957</u> to <u>Feb 18 1958</u> and last saw him alive on <u>Feb 18 1958</u> Death occurred at <u>11:30</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Doctor or nurse) <u>J. Howell D.D.</u>				22b. ADDRESS <u>2 Brunswick, Mo</u>		22c. DATE SIGNED <u>2-21-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>2-21-58</u>		<u>ELLOTT GROVE</u>		<u>BRUNSWICK Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>L. C. McCarry Brunswick, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 21-1958</u>		26. REGISTRAR'S SIGNATURE <u>M. BOONE DOVIE SMITH</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEPUTY

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

00-56

10-10

FEB 28 1958

MAR 3 1958

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 *L. E. McCurry*.....

Licensed Embalmer No. *48*.....

P. O. Address *Dunsmuir*.....

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.