

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005301

State File No. ....

FILED FEB 17 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 72

2461

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

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>West Plains</u> c. LENGTH OF STAY (In this place) <u>2 years</u>		c. CITY OR TOWN <u>West Plains</u> 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 <u>704 Cass Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>704 Cass Ave.</u> <span style="float: right;"><u>0461</u></span>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOU</u>		b. (Middle) <u>ZETTIE</u>	
		c. (Last) <u>GARNER</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 26, 1877</u>	
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cassville, Missouri</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Squire C. Garner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Garner</u>		ADDRESS <u>West Plains, 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, ashenia, 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> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS, GENERALIZED</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PARKINSON'S DISEASE YEARS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> 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) _____		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>6-25, 1953</u> , to <u>2-6-58</u> , that I last saw the deceased alive on <u>1-22, 1958</u> and that death occurred at <u>8:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. W. W. Wilcox, M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo.</u>	
		23c. DATE SIGNED <u>2-10-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>County Line Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton County, Ark.</u>	
DATE RECD BY LOCAL REG. <u>2-10-58</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
		FUNERAL DIRECTOR'S SIGNATURE <u>Carl Homery</u> ADDRESS <u>Salem, ARK.</u>	

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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 *Richard Carter*.....

Licensed Embalmer No..... 4516

P. O. Address..... *St. Louis, Mo.*

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.