

FILED APR 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009945

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1328

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 10707 Holmes Street		d. STREET ADDRESS (If outside, give location) 10707 Holmes Street	
Length of stay in lb 39 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle Henry Last Garwood			4. DATE OF DEATH Month March Day 11 Year 1958			
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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 August 30, 1906	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Cabinets	11. BIRTHPLACE (City and state or country) Angora, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Ezer S. Garwood	13b. MOTHER'S MAIDEN NAME Hattie Bradford	14. NAME OF HUSBAND OR WIFE Mrs. Vena Garwood
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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. 547-28-3360	17. INFORMANT'S Address Mrs. Vena Garwood, 10707 Holmes, K. C. Mo.
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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, acute 5 min. Generalized arteriosclerosis, mild? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		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.) 2
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month _____ Day _____ Year _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from **Feb 29, 1952** to **Feb 14, 1958** and last saw him alive on **Feb 20, 1958**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Sam D. Hooper, M.D.	(Degree or title) D	22b. ADDRESS 6232 Forest, K.C., Mo.	22c. DATE SIGNED March 13, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS, 1331 Brush creek	ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 3-13-58	26. REGISTRAR'S SIGNATURE Neva Minshall
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MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE Sam D. Hooper

All diseases in Part I must be causally related.

Sam D. Hoepfer
6232 Troost
De. 3-5092
10:30 - 11:00

8855-107

DL 3-5092



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 *Edward M. St...*

Licensed Embalmer No. 4452
P. O. Address K. C. I. O. M.

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.