

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015135
State File No. 1-24

FILED MAY 5 1958

BIRTH NO. _____ REG. DIST. No. 261 PRIMARY REG. DIST. No. 5845 Registrar's No. 1-24

0740
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Clearmont-rural	c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	c. CITY OR TOWN Elmo <u>0748</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 High way		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) PAUL c. (Last) GARTEN	4. DATE OF DEATH (Month) (Day) (Year) 4 20 1958
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5. SEX male <u>0</u>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED (Specify) married	8. DATE OF BIRTH July 3, 1892	9. AGE (In years) (Month) (Day) (Year) (Specify birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during the week preceding death, even if retired) farmer & wife	10b. KIND OF BUSINESS OR INDUSTRY Farm labor	11. BIRTHPLACE (City and State or Foreign Country) Pickering, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Scott Garten	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mrs Flora Ann Garten
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Flora Ann Garten, Elmo, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured cervical spine		INTERVAL BETWEEN ONSET AND DEATH instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) automobile accident DUE TO (c)		
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT (Specify) suicide accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 71 highway	21c. (CITY, TOWN, OR TOWNSHIP) Elmo (COUNTY) Nodaway (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) 4 20 1958	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? car was turned over

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased ~~alive~~ **4/20**, 19**58**, and that death occurred at **7:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE B. H. Byland	(Degree or title) M.D.	23b. ADDRESS Maryville Mo	23c. DATE SIGNED 4 20 58
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/22/1958	24c. NAME OF CEMETERY OR CREMATORY Elmo Cemetery	24d. LOCATION (City, town, or county) (State) Elmo Mo.
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DATE REC'D BY LOCAL REG. 4 3 58	REGISTRAR'S SIGNATURE Bess Holtz	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Stehman Maryville Mo.
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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 *G M Atkinson*

Licensed Embalmer No. *337*
P. O. Address *Maryville*

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.

