

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020788

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 3 1958		Registration District No. 4		Primary Registration District No. 4014		Registrar's No. 56	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Atchison		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		a. STATE Missouri		b. COUNTY Atchison	
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INST. Fairfax Community Hospital		Length of stay in 1b 7 hrs		c. CITY OR TOWN Rock Port		0030	
3. NAME OF DECEASED (Type or print) PANSIE A GARST				4. DATE OF DEATH June 23-1958			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 20-1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hamburg, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME William Baker				14. MOTHER'S MAIDEN NAME Ella Powers			
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. none		17. INFORMANT Marie Baker, Hamburg, Iowa			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bleeding peptic ulcer. DUE TO (c) 5400 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (g) Severe ankylosing spondylitis							INTERVAL BETWEEN ONSET AND DEATH 3 hours. 2 wks.
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		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 Jan 53 to 6-23-58 and last saw him alive on 6-23-58. Death occurred at 6 pm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wallace Carpenter M.D. (Degree of title)				22b. ADDRESS Rock Port Mo		22c. DATE SIGNED 6-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE June 26-1958		23c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery		23d. LOCATION (City, town, or county) (State) near Hamburg Iowa	
24. FUNERAL DIRECTOR Chas. E. Johnson		ADDRESS Hamburg Iowa		25. DATE RECD. BY LOCAL REG. June 25, 1958		26. REGISTRAR'S SIGNATURE Theron A. Schaefer	

(Licensed Embalmer's Statement on Reverse Side)

+430

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 myself..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul C. Johnson.....

Licensed Embalmer No. 280

P. O. Address Hamberg

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.