

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033852
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 315 N. College		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) 315 N. College		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle Donphin Last Garner			4. DATE OF DEATH Month Sept. Day 19 Year 1958		
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 Sept. 29/1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Abstracter	11. BIRTHPLACE (City and state or country) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Christopher Garner		13b. MOTHER'S MAIDEN NAME Minnie Hume		14. NAME OF HUSBAND OR WIFE Alice Merris Garner	
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. 497-44-7184	17. INFORMANT Address Mrs. Alice Garner Richmond Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic malignant DUE TO (c) chordoma 1962					INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <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 1953 to 1958 and last saw ^{her} him alive on 9-18-58 Death occurred at 6:30 A.M. on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) G. R. Parvaul M.D.				22b. ADDRESS Richmond, Mo	22c. DATE SIGNED 9-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 21/58	23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Garden		23d. LOCATION (City, town, or county) Richmond, Missouri	(State)
24. FUNERAL DIRECTOR Quest-Life Funeral Home		ADDRESS Richmond, Missouri	25. DATE RECD. BY LOCAL REG. 9-28-1958	26. REGISTRAR'S SIGNATURE Malcol Jackson	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

