Health, Welfare
Public Service

300 1
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004064
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 319 Primary Registration District No. 6081 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Ste. Genevieve Co.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Farmington, Mo. Rt.3 — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Farmington, Mo. Rt.2 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Union Twp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Roger	Middle:	Last: Garvin	4. DATE OF DEATH Month: Jan. Day: 2 Year: 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Sept.8,1895	9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Man Retired Maintenance	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Clinton City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: I. J. Garvin	13b. MOTHER'S MAIDEN NAME: Kate (last Name unkown)	14. NAME OF HUSBAND OR WIFE: Mrs. Ida Garvin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 495-10-9141	17. INFORMANT Address: Mrs. Ida Garvin Farmington, Mo. Rt.3		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Rheumatic heart disease with

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aortic stenosis — 10 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 411X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ITEM 25 CORRECTED
BY AFFIDAVIT OF Registrar
1-19-59 DEL

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1955, to 1-2-59 and last saw him alive on 12-24-58
Death occurred at 7:50 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. E. Carleton MD	22b. ADDRESS: Farmington, Mo	22c. DATE SIGNED: 1-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan.5,1959	23c. NAME OF CEMETERY OR CREMATORY: Chestnut Ridge	23d. LOCATION (City, town, or county) (State): Farmington, Rt.3 Mo.
24. FUNERAL DIRECTOR ADDRESS: C.H.Cozean Farmington, Mo.	25. DATE RECD. BY LOCAL REG.: Jan 8, ~~1958~~ 1959	26. REGISTRAR'S SIGNATURE: Lucille Barker	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard ... All diseases in Part I must be causally related.

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington

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.