

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011955

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 323 Primary Registration District No. 4480 Registrar's No. 17

800  
300  
1-57  
4  
4-22-59  
228  
Stem 11, added by query of funeral director  
USE ONLY BLACK INK OR PEBBON TYPEWRITER IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

1. PLACE OF DEATH a. COUNTY <b>Schuyler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Greentop</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Livonia</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Greentop Nursing Home</b>		Length of stay in 1b <b>1 week</b>	d. STREET ADDRESS (If outside, give location) <b>0860</b> <b>0</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lucinda Ellen Garr</b>			4. DATE OF DEATH Month Day Year <b>April 7, 59</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 1, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	9. AGE (In years last birthday) <b>82</b>
11. BIRTHPLACE (City and state or country) <b>Appanoose Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Kaleb Sheath</b>		13b. MOTHER'S MAIDEN NAME <b>Caldwell</b>	14. NAME OF HUSBAND OR WIFE <b>George Emery Garr</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Gracie Stockton - Mrs.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>coronary sclerosis</b> DUE TO (c) <b>arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>
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 a.m. p.m. 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 <b>June 58</b> to <b>April 7, 59</b> and last saw her alive on <b>April 7 '59</b> Death occurred at <b>7:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Leah Ann [Signature]</b>		22b. ADDRESS <b>P.O. Box 235 Greentop</b>	22c. DATE SIGNED <b>4-10-59</b>
23a. BURIAL, CREMATION, X REMOVAL (Specify) <b>burial</b>	23b. DATE <b>April 11, 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Appanoose County, Iowa</b>
24. FUNERAL DIRECTOR <b>Norman Funeral Home, Lancaster, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Apr. 10, 59</b>	26. REGISTRAR'S SIGNATURE <b>B. P. Drake</b>

**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 *Novato Foster* .....  
Licensed Embalmer No. *4742* .....

P. O. Address *Fukunishi, 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.