

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013301

FILED MAY 1 1959 Registration District No. 149 Primary Registration District No. 1002 REGISTRAR'S NO. 1825

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jackson (Institution))	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		d. STREET ADDRESS 4152 Genessee	
Length of stay in 1b 20 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle WARD Last GARVER			4. DATE OF DEATH Month 4 Day 11 Year 59			
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5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-19-1918	9. AGE (In years first birthday) 41	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 most of working life, even if retired) Chef	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Golden City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Claude O. Garver	13b. MOTHER'S MAIDEN NAME Mary Oma Smith	14. NAME OF HUSBAND OR WIFE xx
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) Yes WW#2 Navy	16. SOCIAL SECURITY NO. 496-10-3605	17. INFORMANT Address Claude O. Garver, Golden City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis & Septicemia		INTERVAL BETWEEN ONSET AND DEATH 13 da.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Paralytic Jaundice		7 da.
	DUE TO (c) Foreign Body & Perforate Sigmoid		13 da.?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Delirium Tremens		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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.)
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20c. TIME OF INJURY Hour 2:16 a.m. Month, Day, Year Mar. 30, 1959	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 Golden City	COUNTY Mo.	STATE
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21. I attended the deceased from Mar. 30, 1959 to Apr. 11, 1959 and last saw him alive on Apr. 10, 1959 Death occurred at 2:16 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl H. Reitz M.D.	22b. ADDRESS 404 1/2 W. 75th K.C. Mo.	22c. DATE SIGNED 4-11-59
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23a. BURIAL, CREMATION, REBURYAL (Specify) Burial	23b. DATE 4-13-59	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Golden City Mo.
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24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K.C. Mo.	25. DATE RECD. BY LOCAL REG. 4-11-59	26. REGISTRAR'S SIGNATURE Neva Minshall
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Carl H. Reitz

H
1-14-30
3036

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.

