

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021998

FILED VS MAY 16 1960

333

Primary Registration District No. 3074

Registrar's No. 118

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Scott		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		a. STATE Mo.		b. COUNTY Scott	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		Length of stay in 1b 2 wks.		c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 518 Sikes		Inside Limits No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 518 Sikes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First GLADYS		Middle BEATRICE		Last GARNER		Month 4 Day 24 Year 1960	
5. SEX Female	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 11-16-03	9. AGE (last birthday) 56	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Leeper, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Francis N. Ramsay			13b. MOTHER'S MAIDEN NAME Potosi Ann Edington			14. NAME OF HUSBAND OR WIFE Alva A. Garner	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Alva A. Garner, Sikeston, Mo.			
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) Carcinoma of heart, inflammatory						12 mos.	
DUE TO (b) Generalized Metastases							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)					
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 Feb 1959 to April 24 1960 and last saw her/him alive on 4-24-60 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE G. J. Wacker MD (Degree or title)				22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 4-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-26-60		23c. NAME OF CEMETERY OR CREMATORY Garden of Memories		23d. LOCATION (City, town, or county) (State) Sikeston, Mo. Scott	
24. FUNERAL DIRECTOR ADDRESS Nunnelee Funeral Chapel, Sikeston, Mo.				25. DATE RECD. BY LOCAL REG. 5-4-66		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MO. and Embalmer's Statement on Reverse Side)

MS MAR 14 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Amundson

Licensed Embalmer No. 4164

P. O. Address Sibleton, W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.