

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023844

FILED VS JUN 24 1960

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 39

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Marion.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>Ralls.</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Palmyra, Missouri.</b>		Length of stay in 1b <b>6 Yrs</b>		c. CITY OR TOWN <b>Ilasco, Missouri.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Maple Lawn Rest Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Ilasco, Missouri</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>GARBOR</b> Middle <b>SARKADI</b> Last				4. DATE OF DEATH Month <b>June</b> Day <b>15</b> Year <b>1960</b>							
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-12-1870</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cement Plant Laborer.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Cement Plant</b>		11. BIRTHPLACE (City and state or country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>None.</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>Mrs Edward Conn. New London, Mo.</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>ARTERIO-SCLEROSIS</b>								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____						DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypostatic Pneumonia</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 _____ 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>4-1-1960</b> to <b>6-15-60</b> and last saw her/him alive on <b>June 3-1960</b> Death occurred at <b>2:00</b> P. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>E.M. Lucke</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>Hannibal, Missouri.</b>				22c. DATE SIGNED <b>6-16-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-16-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery.</b>			23d. LOCATION (City, town, or county) (State) <b>Perry, Mo.</b>					
24. FUNERAL DIRECTOR ADDRESS <b>Perry, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6-20-60</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b> <i>By Viola Gler, Deputy</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Clyde C. Murray*

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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