

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-041366

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 586

FILED DEC 12 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b 1 day	c. CITY OR TOWN Lee's Summit Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3713 Hardy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside above location) 406 Green Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last George Hoke Garvin			4. DATE OF DEATH Month Day Year Dec. 5 1961	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/11/1870	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Recorder's Office	11. BIRTHPLACE (City and state or country) Claridon Ohio	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME William Garvin	13b. MOTHER'S MAIDEN NAME Susan Hoke	14. NAME OF HUSBAND OR WIFE Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, NO unknown) (If yes, give war or dates of service)	17. INFORMANT Address Mrs John Payne Lee's Summit 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) Concertive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 days
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)	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
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year 2:40 P.M.	
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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
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21. I attended the deceased from **8-4-1959** to **12-5-61** and last saw ^{him} ~~her~~ alive on **12-5-61**
Death occurred at **10:40 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Christ R. Miller M.D.	22b. ADDRESS Lee's Summit Mo.	22c. DATE SIGNED 12-6-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/8/1961	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit	23d. LOCATION (City, town, or county) (State) Lee's Summit Mo.
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24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit Mo.	25. DATE RECD. BY LOCAL REG. 12-8-61	26. REGISTRAR'S SIGNATURE Alba L. Craig
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE-TIME

INSTEAD OF

STANDARD READ

AUG 29 1962

INDEPENDENCE
STATE MORTUARY

1001 S. 10th St.
Lincoln, Nebraska

George
L. Langford

1001 S. 10th St.
Lincoln, Nebraska

Recorders Office
Lincoln, Nebraska

1001 S. 10th St.
Lincoln, Nebraska

1001 S. 10th St.
Lincoln, Nebraska

1001 S. 10th St.
Lincoln, Nebraska

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 W.B. Langford

Licensed Embalmer No. 3833

P. O. Address Leis Summit

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.

1001 S. 10th St.
Lincoln, Nebraska