

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037047

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 257 Primary Registration District No. 4389 Registrar's No. 29

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0760

2 0760

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn</u>		Length of stay in 1b <u>20 years</u>	c. CITY OR TOWN <u>Linn</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FLORENCE PAULINE GARZEND</u>			4. DATE OF DEATH Month Day Year <u>OCT. 10, 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 24 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE (last birthday) <u>73</u> IF UNDER 1 YEAR Months Days <u>5 8</u> IF UNDER 24 HR Hours Min. <u>5 8</u>
11a. FATHER'S NAME <u>August Boillot</u>		11b. BIRTHPLACE (City and state or country) <u>Osage County Missouri</u>	
13a. FATHER'S NAME <u>August Boillot</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kempel</u>	
14. NAME OF HUSBAND OR WIFE <u>John L. Garzard</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>John L. Garzard, Linn, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Vascular Accident 331</u> DUE TO (b) <u>Hypertensive Cardiovascular disease 443</u> DUE TO (c) <u>stroke</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>5 yrs</u>
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>1956</u> to <u>Oct 10, 1963</u> and last saw her/him alive on <u>Sept 16, 1963</u> Death occurred at <u>9:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. B. Klebla M.D.</u>		22b. ADDRESS <u>Jefferson City, Mo</u>	22c. DATE SIGNED <u>10-11-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 14, 1963</u>	23c. NAME OF CEMETERY OR CREMATOR <u>St. George's</u>	23d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>
24. FUNERAL DIRECTOR <u>Morton Funeral Service, Linn, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-11-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clyde Morton</u>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 15 1963

NOV 19 1963

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

Wesley Norton

Licensed Embalmer No.

4125

P. O. Address

Linn Mo

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.