

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34367

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5944 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Dawson Twp	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Royal Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Fred c. (Last) Garms	4. DATE OF DEATH (Month) (Day) (Year) 10-20-1950
--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-12-1889	9. AGE (In years last birthday) 61	if UNDER 1 YEAR Months 1 Days 8	if UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	-----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Japan, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	-----------------------------------	--	---

13a. FATHER'S NAME Fred Garms	13b. MOTHER'S MAIDEN NAME Mary Berlin	14. NAME OF HUSBAND OR WIFE Nora Garms
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Irvin Garms ADDRESS Lake View, Mo
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 10/16, 1950, to 10/20, 1950, that I last saw the deceased alive on 10/20, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

23a. SIGNATURE H. A. Elders, MD (Degree or Title)	23b. ADDRESS Cuba, Mo.	23c. DATE SIGNED 10/21/50
--	-------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-23-50	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Crawford Co., Mo.
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. Oct-22-50	REGISTRAR'S SIGNATURE Lora G. Birmingham 1253	25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Gabe ADDRESS St. James, Mo
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

810
1

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 10/30/50

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.

Signed _____

Jesse Gahr

Signed _____
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, 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 this body is not embalmed, fact should be so stated above.