

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033852

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 96

S. 300  
v. 1-57

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ray</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Richmond</b>                 | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <b>Richmond</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>315 N. College</b> | Length of stay in lb<br><b>years</b>   | d. STREET ADDRESS (If outside, give location)<br><b>315 N. College</b>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Frank</b> Middle <b>Donphin</b> Last <b>Garner</b>             |                                  |   | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>19</b> Year <b>1958</b>   |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 29/1882</b>                                | 9. AGE (In years last birthday) <b>75</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Attorney</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Abstracter</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Richmond, Missouri</b> |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>Christopher Garner</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Minnie Hume</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Alice Merris Garner</b> |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.<br><b>497-44-7184</b>   | 17. INFORMANT<br>Address<br><b>Mrs. Alice Garner Richmond Missouri</b> |   |  |

|   |  |                                 |                                  |  |   |
|---|--|---------------------------------|----------------------------------|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hypostatic pneumonia days</b> |  |                                 | INTERVAL BETWEEN ONSET AND DEATH |  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Metastatic malignant</b> | DUE TO (c) <b>chardoma 1962</b> |                                  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                 |  |                                 |                                  |  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.   |  |  |        |       |  |
| 20d. INJURY OCCURRED WHILE AT <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 **1953**, to **1958** and last saw <sup>her</sup>him alive on **9-18-58**  
Death occurred at **6:30 A.M.** on the date stated above and to the best of my knowledge, from the causes stated.

|   |                                 |   |  |                                    |  |
|---|---------------------------------|---|--|------------------------------------|--|
| 22a. SIGNATURE (Degree or title)<br><b>G. R. Parvaul M.D.</b> |                                 | 22b. ADDRESS<br><b>Richmond, Mo</b>                                 |  | 22c. DATE SIGNED<br><b>9-20-58</b> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>    | 23b. DATE<br><b>Sept. 21/58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Richmond Memory Garden</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Richmond, Missouri</b> |                                    |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Quest-Life Funeral Home<br/>Richmond, Missouri</b> |  | 25. DATE RECD. BY LOCAL REG.<br><b>9-28-1958</b> | 26. REGISTRAR'S SIGNATURE<br><b>Malcol Jackson</b> |  |  |
|---|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

