

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7519

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5124</u>		Registrar's No. <u>339</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bloomington</u>		c. LENGTH OF STAY (In this place) OR <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bloomington Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles So. of DeKalb, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles So. of DeKalb, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Audrey</u>		b. (Middle) <u>Lee Anna</u>		c. (Last) <u>Garton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 18, 1904</u>	
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Walters</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Swickard</u>		14. NAME OF HUSBAND OR WIFE <u>Hugh Garton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willard Hyder, St. Joseph, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound in the head 1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull fracture and fatal cerebral hemorrhage</u> DUE TO (c) <u>Woman shot herself in the head at the farm home about six miles south of DeKalb</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>in Buchanan, Co. Mo. A 25</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6976</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>in Buchanan, Co. Mo. A 25</u> <u>Caliber automatic pistol was held against her</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>RFD #2 Buchanan, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Mar. 22 1949 6:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted gun shot of head</u>			
22. I hereby certify that I attended the deceased from <u>3/22</u> , 19 <u>49</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H F Mendenhall M.D. Coroner</u>				23b. ADDRESS <u>404 So 3d. St.</u>		23c. DATE SIGNED <u>3-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 28, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bourman St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 William Spelling.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 5 10th Street

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.