

STANDARD CERTIFICATE OF DEATH

FILED APR 14 1949

State File No. ....

No. 300  
10-48

8600

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5991 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty Twp.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>Livonia, Mo. R. D. D.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Livonia, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Seluda</u> b. (Middle) <u>---</u> c. (Last) <u>Garringer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 31 49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>Aug. 6, 1979</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homework</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Putnam Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Samuel Garringer</u>		13b. MOTHER'S MAIDEN NAME <u>Narion Frances Neighbors</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Poaston, Livonia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>4343</u> 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 <u>Oct</u> , 19 <u>47</u> , to <u>3</u> , 19 <u>49</u> that I last saw the deceased alive on <u>3-15</u> , 19 <u>49</u> , and that death occurred at <u>2:20</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>P. V. Poaston M.D.</u>			23b. ADDRESS <u>Coatsville, Mo.</u>		23c. DATE SIGNED <u>4-3-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>Apr. 2, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mitchel</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>		
DATE RECD' BY LOCAL REG. <u>4-7-49</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Trustad T. Son Unionville, Mo.</u>	

RECEIVED  
District Health Officer No. 10  
District File Number 446  
Date Filed APR 12 1949

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed: \_\_\_\_\_

*F. O. Husted*

Licensed Embalmer No. 2975

P. O. Address Unionville

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.