

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11290

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6222 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTEVALLO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTEVALLO	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) EDMUND b. (Middle) G c. (Last) GARBER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 15 1949		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-21-1866	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days 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) RICHLAND OHIO	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Demus Garber	13b. MOTHER'S MAIDEN NAME ARMANTHA ZOLLMAN	14. NAME OF HUSBAND OR WIFE DELTA SHEETS GARBER
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 ADDRESS Otis Garber, Montevall, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Several months Don't know
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES -Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 431X			

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) ✓	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 **March 1, 1949, to March 15, 1949**, that I last saw the deceased alive on **3-15**, 19**49**, and that death occurred at **11:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE W. B. Love M.D.	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 4-4-49
---------------------------------------	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-17-49	24c. NAME OF CEMETERY OR CREMATORY Oliver Branch	24d. LOCATION (City, town, or county) (State) Vernon Co. MO.
DATE REC'D BY LOCAL REG. April 18, 1949	REGISTRAR'S SIGNATURE Mrs. Ruth Faith	25. FUNERAL DIRECTOR'S SIGNATURE R. Gerald Beeny	ADDRESS Sheldon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-49-380

Date Filed 4-12-49

NOV 1 1951

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 R. Gerald Beeny.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4283.....

P. O. Address Sheldon Ma......

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.