

FILED MAY 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14640

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Bernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash. Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>3-9-49</u>		d. STREET ADDRESS (If rural, give location) <u>117th Region 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAIMUEL</u> b. (Middle) <u>G</u> c. (Last) <u>GARVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-29-49</u>	
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-1-1864</u>		9. AGE (In years last birthday) <u>85</u> If under 1 year: Months <u>0</u> Days <u>28</u> If under 1 mo. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>			11. BIRTHPLACE (State or foreign country) <u>Penn</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Jacob Garver</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Musselman</u>		14. NAME OF HUSBAND OR WIFE <u>Casa R Garver</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) (If yes, give year) or (date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record, Rural</u>		ADDRESS <u></u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardio-vascular disease</u> (b) <u>Petechial ecchymosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>(8)</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>				(P)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>				4221	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 3-10-1949 to 4-29-1949, that I last saw the deceased alive on 4-28-1949, and that death occurred at 6.2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Hall M.D.</u>		23b. ADDRESS <u> Nevada Mo</u>		23c. DATE SIGNED <u>4-29-49</u>	
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24a. BURIAL OR CREMATION REMOVAL (Specify)		24b. DATE <u>April 30-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Bentonville Ark.</u>	
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DATE REC'D BY LOCAL REG. <u>Apr. 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferny Lewis Home</u>		ADDRESS <u>Nevada Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side) J. B. Perry

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

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RECEIVED
District Health Officer No. 7,
District File Number 4-49-475
Date Filed 4-2-49

VS
AUG 22 1950

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 _____

Frances J. Lewis Student Embalmer No. _____
working under my personal supervision.

Signed Frances J. Lewis
Student Embalmer

Signed [Signature]
Licensed Embalmer No. 176
P. O. Address Newdale Md

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.