

No. 300
10. 48

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18787

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON	c. LENGTH OF STAY (in this place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
d. FULL NAME OF HOSPITAL OR INSTITUTION SEMINOLE HOTEL		d. STREET ADDRESS (If rural, give location) Seminole Hotel	

3. NAME OF DECEASED (Type or Print) EDWARD CRITTENDEN GARMON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 1st 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 11, 1865	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 83 6 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRANSFER CLERK	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Bill Garmon	13b. MOTHER'S MAIDEN NAME Mary Pace	14. NAME OF HUSBAND OR WIFE Flois Hill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. D.K.	17. INFORMANT'S SIGNATURE OR NAME Mary Hill Garmon	ADDRESS Fulton, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 49IX
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) a paralyzed condition lying on his back all the time		
	DUE TO (c) the increasing heat wave.		
	II. OTHER SIGNIFICANT CONDITIONS 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 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) (Min.)	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 **May 2, 1945**, to **July 1st, 1949**, that I last saw the deceased alive on **July 1st, 1949**, and that death occurred at **9:52 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. K. Greer M.D.	23b. ADDRESS Fulton Mo	23c. DATE SIGNED July 19, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 2, 1949	24c. NAME OF CEMETERY OR CREMATORY Rest Heaven	24d. LOCATION (City, town, or county) (State) Louisville, Ky.
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DATE REC'D BY LOCAL REG. July 1-1949	REGISTRAR'S SIGNATURE Maretha Lawrence	426 25. FUNERAL DIRECTOR'S SIGNATURE Glen G. Morgan	ADDRESS Fulton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 6 1949
District Health Officer No. 9,
District File Number _____

OCT 11 1949

JUL 20 1949

SEP 22 1949

AUG 11 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Walter J. Haines, Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4557

P. O. Address Fulton, Me.

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.