

49-3

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

FILED JUL 11 1949

# STANDARD CERTIFICATE OF DEATH

State File No. 19952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper 47</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	
c. LENGTH OF STAY (in this place) <b>3 1/2 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>304 N. Garrison Ave.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>304 N. Garrison Ave.,</b>		d. STREET ADDRESS <b>304 N. Garrison Ave.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>	b. (Middle) <b>- - - -</b>	c. (Last) <b>GARBER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-24-1869</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>3</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Peoria, Ill. 1</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>David Garber</b>	13b. MOTHER'S MAIDEN NAME <b>Lana Kinsinger</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Wright Garber</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Florence Garber</b> ADDRESS <b>304 N. Garrison Carthage, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2</b>  <b>352X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>QUADRIPLEGIA.</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ETIOLOGY UNKNOWN</b> DUE TO (c)		
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) m.	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 June 20, 1949, to June 27, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank H. Danner M.D.</b>	23b. ADDRESS <b>Carthage, Mo.</b>	23c. DATE SIGNED <b>6/27/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-29-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dudenville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dudenville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-28-1949</b>	REGISTRAR'S SIGNATURE <b>L.B. Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed. C. Ulmer</b> ADDRESS <b>Carthage, Mo.</b>
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(If used, Burial Director's Statement on Reverse Side)

RECEIVED 7-5-49

Jasper County Health Office

County File Number 49-6-503

Date Filed 7-9-49

**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.

Student .....  
Student Embalmer

Signed *John S. Deeney*  
Licensed Embalmer No. 4194  
P. O. Address \_\_\_\_\_

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.