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FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20589

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5991 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, package before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>	
b. CITY OR TOWN <u>Rural Liberty Twp</u>	c. LENGTH OF STAY (of this place) <u>Mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Liberty Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Luoma, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Luoma Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>ALEXANDER ZOLA GARRINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 - 49</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>3</u>	8. DATE OF BIRTH <u>Feb 5 - 1871</u>	9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>10</u>	11. DAYS <u>26</u>	12. HOURS <u></u>	13. MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</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>unk</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>Anna</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Valston Luoma</u>
		ADDRESS <u>Luoma, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	DUE TO (b) <u>old age</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>48 22</u>

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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas Fronzler</u>	(Dr, or title)	23b. ADDRESS <u>Winnemucca Mo</u>	23c. DATE SIGNED <u>6-4-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>June 5 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mitchel</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam Co Mo</u>
DATE REC'D BY LOCAL REG. <u>6-21-49</u>	REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Husted</u>	ADDRESS <u>Winnemucca Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer M
District File Number 6-49-
Date Filed **JUN 28 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.

Student
Student Embalmer

Signed Murl E. Husted
Licensed Embalmer No. 3304
P. O. Address Unonville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.