

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22402

State File No. 164

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 8272		Registrar's No. 164	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Alton		c. LENGTH OF STAY (In this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Alton			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Dora		b. (Middle) Edna		c. (Last) Gartin		4. DATE OF DEATH (Month) (Day) (Year) June 7 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 22 1888	
9. AGE (In years last birthday) 60		10. MONTH (Day) (Year) 7 15		11. BIRTHPLACE (State or foreign country) Clearfield, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wm. W. Lewis		13b. MOTHER'S MAIDEN NAME Nancy Wood		14. NAME OF HUSBAND OR WIFE Orville A. Gartin			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Walter Sowards Worth, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Permeal of Brain ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
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 1-5 1949 to 8-6 1949 , that I last saw the deceased alive on 6-6 1949 , and that death occurred at 2:45 PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles N. Williamson D.O.		23b. ADDRESS Lecky Mo		23c. DATE SIGNED 6-7-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/9/49		24c. NAME OF CEMETERY OR CREMATORY Rouse		24d. LOCATION (City, town, or county) (State) Darlington, Mo.	
DATE REC'D BY LOCAL REG. 6-11-1949		REGISTRAR'S SIGNATURE Leto E. Dawson 345		25. FUNERAL DIRECTOR'S SIGNATURE Clifford Burke		ADDRESS Albany, Mo.	

(Licensed Embalmers' Statements on Reverse Side)

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

JUN 13 1945

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 me

Student Embalmer No.

working under my personal supervision.

Signed.....

W. H. B. B. B.

Licensed Embalmer No. 3329

Signed.....
Student Embalmer

P. O. Address Albany, Mo.

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.