

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27504

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3847 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stella, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cora</b> b. (Middle) <b>Ellen</b> c. (Last) <b>Garner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 19 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 13 1878</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>6</b>	IF UNDER 1 HR. Hours <b>6</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Lee Co. Va.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>M. C. Graham</b>	
13b. MOTHER'S MAIDEN NAME <b>Hannah Turner</b>		14. NAME OF HUSBAND OR WIFE <b>Jasper Garner (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs W. N. Gola</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Patient was dead when I arrived</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 <b>None</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>	
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)	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 <b>Aug 19</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>D.O.A.</b> , 19____, and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>M. D.</i>		23b. ADDRESS <b>Neosho, Mo.</b>	
23c. DATE SIGNED <b>Aug 22, 1949</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-21-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Stella, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Aug 23, 1949</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bortman</b>	223	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Morris Pugh Wheaton</b>

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

13  
300

# RECEIVED

District Health Officer No. Newton Co. HEALTH UNIT  
District File Number 849-146  
Date Filed AUG 30 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

James Kenneth Duncan Student Embalmer No. 308  
working under my personal supervision.

Student James Kenneth Duncan  
Student Embalmer

Signed

Wm Marie Rone

Licensed Embalmer No. 3447

P. O. Address Wheaton 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.