No. 300
10-48

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

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32729

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): --

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter
d. STREET ADDRESS (If rural, give location): Park Lane

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Ezra
c. (Last): Garner

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1885
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months: 1, Days: 18 — IF UNDER 24 HRS.: Hours: , Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stoddard County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: D. A. Garner
13b. MOTHER'S MAIDEN NAME: Amanda Fields
14. NAME OF HUSBAND OR WIFE: Dona Garner

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.: 486-20-6167
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Dona Garner, Dexter, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Sclerosis — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1946, *to* 9-6, 1949, *that I last saw the deceased alive on* 9-3, 1949, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Neal Hawkins M.D.
23b. ADDRESS: Dexter, Mo.
23c. DATE SIGNED: 9/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-7-49
24c. NAME OF CEMETERY OR CREMATORY: Old Bethel
24d. LOCATION (City, town, or county) (State): Dexter, Mo.

DATE REC'D BY LOCAL REG.: 9-10-49
REGISTRAR'S SIGNATURE: Velma V. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Strickland-Rainey Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 15 1949
District Health Office No. 2,
District File Number 949-91
Date Filed

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 J. E. Stuckland

Licensed Embalmer No. 3479

P. O. Address Hunter, 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.