

FILED NOV 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33266

State File No. _____

143

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Archie</u>		c. CITY OR TOWN <u>Archie</u>	
c. LENGTH OF STAY (in this place) <u>54 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At his Blacksmith Shop</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>William</u> c. (Last) <u>Garland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 - 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unwedded</u>	8. DATE OF BIRTH <u>October 3, 1896</u>
9. AGE (In years, Months, Days) <u>76 - 29</u>		10. IF UNDER 1 YEAR (Specify birthdate)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith & Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chariton Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Lewis H. Garland</u>	
13b. MOTHER'S MAIDEN NAME <u>Mellie Garland</u>		14. NAME OF HUSBAND OR WIFE <u>Mellie Waters Garland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rex Garland</u> ADDRESS <u>Archie 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure, which may</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Age. Arteriosclerosis</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>none</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>410X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Archie Cass Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Archie Cass Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>Oct 31</u> , 19 <u>49</u> to <u>Oct 31</u> , 19 <u>49</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Johnson M.D.</u>		23b. ADDRESS <u>Adrian Mo</u>	23c. DATE SIGNED <u>11-3-49</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 4-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>	24d. LOCATION (City, town, or county) (State) <u>near Adrian Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov. 3, 1949</u>	REGISTRAR'S SIGNATURE <u>Rama J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE <u>Altman Brothers</u> ADDRESS <u>Archie Mo</u>

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

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

Lloyd Atkinson

Licensed Embalmer No. 3920

P. O. Address

Harrisonville

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.

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