

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36162**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Triskville</u>	c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Triskville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>716 - W. Scott</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>Melville</u> c. (Last) <u>Garth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9, 1949</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Aug. 16, 1876</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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 <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Chinton, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Robert L. Lunk</u>	ADDRESS <u>608 South Starford Triskville, Mo.</u>
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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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Arteriosclerosis</u> <u>unknown</u>	
		DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Oct 25, 1949, to Nov 9, 1949, that I last saw the deceased alive on Nov 9, 1949, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Lutensohn</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Triskville Mo</u>	23c. DATE SIGNED <u>11-10-49</u>
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>Nov. 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Triskville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-11-49</u>	REGISTRAR'S SIGNATURE <u>Hate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>	
		ADDRESS <u>Triskville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 15 1949

RECEIVED

District Health Officer No

District File Number 11-49

Date Filed NOV 15 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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Md

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.