

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37815

State File No.

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4266 Registrar's No. 6

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If last 30 days residence different from usual residence, give that residence) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mannie</u> b. (Middle) <u>BELL</u> c. (Last) <u>Garvin</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. - 25 - 49</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Color</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>1-7-1880</u> |
| 9. AGE (In years last birthday) <u>69</u> | | 10. UNDER 1 YEAR (Months) <u>9</u> | 11. UNDER 1 HRS. (Days) <u>19</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Wellington Mo. O</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William D. Sewell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mallen William</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mr. Isaac Garvin</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Isaac Garvin Wellington 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 _____ | |
| 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) _____ | | 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 <u>10-22, 1949</u> to <u>10-25, 1949</u> that I last saw the deceased alive on <u>10-25, 1949</u> , and that death occurred at <u>2 a.m.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u> | | 23b. ADDRESS <u>Springton Mo.</u> | |
| 23c. DATE SIGNED <u>Oct. 26, 49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Oct. 30 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Wellington Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Hunt & Son Wellington Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct. 29 '49</u> | | REGISTRAR'S SIGNATURE <u>Letto Dammann</u> | |

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

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 1-30-49

DEC 2 1948

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 Signed George Green

Student Embalmer

Licensed Embalmer No. 4220

P. O. Address Washington

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.