

FILED MAR 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9474

BIRTH NO.		REG. DIST. NO. 125		PRIMARY REG. DIST. NO. 3036		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>		0551	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>325 Mc Natt</u>			
3. NAME OF DECEASED (Type or Print) <u>HENRY JACKSON GARNER</u>			4. DATE OF DEATH <u>MAR 13, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN 5, 1887</u>	9. AGE (in years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>JACK GARNER</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Payard</u>		14. NAME OF HUSBAND OR WIFE <u>ORA GARNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>49-07-330</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oran Mc Natt</u>		ADDRESS <u>Aurora</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				DUE TO (b) _____			<u>3 weeks</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>4/20/1</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) (Min.)		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>Feb. 20, 1950</u> , to <u>March 13, 1950</u> , that I last saw the deceased alive on <u>March 13, 1950</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Francis L. Kelsoy M.D.</u>				23b. ADDRESS <u>511 N. Mc Natt Ave. Aurora, Mo.</u>		23c. DATE SIGNED <u>March 13, 1950</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARSH HILL</u>		24d. LOCATION (City, town, or county) (State) <u>BARREY COUNTY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 13 1950</u>		REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u>		159		25. GENERAL DIRECTOR'S SIGNATURE <u>Oran Mc Natt</u> ADDRESS <u>Aurora</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 20 1950
District Health Office No. 6,
District File Number 350-340
Date Filed 3-20-50

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.....

myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Robert J. March*

Licensed Embalmer No. 3812

P. O. Address. *Quora, 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.