

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14260

State File No. ....

0930

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4460 Registrar's No. 20

1. PLACE OF DEATH  
a. COUNTY St. Clair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY ST. CLAIR

b. CITY (If outside corporate limits, write RURAL and give township) Roscoe c. LENGTH OF STAY (If in institution) 35 years  
c. CITY (If outside corporate limits, write RURAL and give township) Roscoe

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_ d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED a. (First) Eliza b. (Middle) Jane c. (Last) Garver 4. DATE OF DEATH 3/19/50 (Month) (Day) (Year)

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 8/1/1854 9. AGE (In years, months, days) 77 95 7 18 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Charles Keeton Eldorado Spgs, Mo ADDRESS \_\_\_\_\_

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Infarction  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown  
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  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 1948 to Mar 19, 1950, that I last saw the deceased alive on Mar 16, 1950, and that death occurred at 7 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Richardson (Degree or title) 0 23b. ADDRESS W. J. P. Co 23c. DATE SIGNED 3-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/21/50 24c. NAME OF CEMETERY OR CREMATORY Pleasant Springs 24d. LOCATION (City, town, or county) (State) El Dorado Springs Mo.

DATE REC'D BY LOCAL REG. Mar 15-1950 REGISTRAR'S SIGNATURE Kueh Seewer 25. FUNERAL DIRECTOR'S SIGNATURE J. B. Handrick ADDRESS Pleasant Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED - 5-10-50  
Registered Health Officer No. 74  
District File Number 4-50-490  
Date Filed 5-10-50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address Princeton, 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.