

S. No. 300  
v. 10. 48

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16507  
State File No. ....

0390  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 528

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield S. Campbell Twshp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield S. Campbell Twshp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD # 8</u>		d. STREET ADDRESS (If rural, give location) <u>RFD # 8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>MYRTLE</u> c. (Last) <u>GARTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 25, 1900</u>
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</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>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Clyde Langston</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Spellman</u>	14. NAME OF HUSBAND OR WIFE <u>Owen Baker Garton</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Owen B. Garton, Springfield, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Abscesses of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Hepatitis</u> <u>1 year</u> DUE TO (c) <u>Old Biliary Tract Disease and reparative surgery</u> <u>2 1/2 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5810</u>	
19a. DATE OF OPERATION <u>March 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Absence of Common Bile Duct</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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>April 13, 1946</u> , to <u>June 6, 1950</u> , that I last saw the deceased alive on <u>June 3, 1950</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Kenneth C. Coffelt M.D.</u>		23b. ADDRESS <u>SPRINGFIELD, MO.</u>	23c. DATE SIGNED <u>6-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/8/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-9-50</u>	REGISTRAR'S SIGNATURE <u>W E Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. Lohmeyer, Springfield, Missouri</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 Bene Lohmeyer

Licensed Embalmer No. 7304

P. O. Address 1111 9th

**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.