

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41540

State File No.

BIRTH NO. REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Monroe City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe City</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>216-1st St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216-1st St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>GARNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-1950</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1/20/1852</u>	9. AGE (In years last birthday) <u>98</u>	10. UNDER 1 YEAR Months <u>10</u>	11. UNDER 1 HRS. Hours <u>3</u>
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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>—</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>JOHN BAKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. WRIGHT</u>		14. NAME OF HUSBAND OR WIFE <u>ANDREW GARNER</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>Ben Garner</u>		ADDRESS <u>Monroe City</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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>	
		2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		3. 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 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)	
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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?	
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22. I hereby certify that I attended the deceased from MARCH 7, 1946, to Nov 23, 1950, that I last saw the deceased alive on Nov 22, 1950 and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben Garner</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Monroe City Mo</u>		23c. DATE SIGNED <u>11/24/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/25/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JAMES</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>11-26-50</u>		REGISTRAR'S SIGNATURE <u>Anna M. Burdette</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norval V. Garner</u>		ADDRESS <u>Monroe City Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 8 1951

Date Received: DEC 19 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2
Date Filed: DEC 20 1950

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 Harold F. Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City, 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.