

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7268

BIRTH NO.		REG. DIST. NO. 252		PRIMARY REG. DIST. NO. 6189		Registrar's No. 17		
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Taney				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kissee Mills		c. LENGTH OF STAY (In this place) years years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kissee Mills		1060		
d. FULL NAME OF HOSPITAL OR INSTITUTION Kissee Mills				d. STREET ADDRESS (If rural, give location) Kissee Mills				
3. NAME OF DECEASED (Type or Print) FREDRICK			a. (First)		b. (Middle)		c. (Last) GARVER	
4. DATE OF DEATH Feb. 20, 1951		4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /		8. DATE OF BIRTH April 4 1878		
9. AGE (In years last birthday) 72		# UNDER 1 YEAR 10		# UNDER 1 YEAR 20		# UNDER 1 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farming			11. BIRTHPLACE (State or foreign country) Taney co Missouri 0		
12. CITIZEN OF WHAT COUNTRY? U.S.A.				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME George W. Garver			13b. MOTHER'S MAIDEN NAME Ester Jans O'Neill			14. NAME OF HUSBAND OR WIFE Mattie Garver		
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 ADDRESS Mrs Mattie Garver Kissee Mills, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 days 33ix	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 Jan 21, 1951, to Feb 20, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 2/23/1951		24c. NAME OF CEMETERY OR CREMATORY Helphre Cemetery		24d. LOCATION (City, town, or county) (State) Taneyville, Mo.		
DATE REC'D BY LOCAL REG. 2-27-51		REGISTRAR'S SIGNATURE J.E. Cogswell 376			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Hobbs Jorgensen, 710			

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAR 5 1957

Dist. File 351-480

Date Filed 3-8-57

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Walter S. Cobb*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Joseph, 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.