S. No. 300
v. 10.48

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

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7314

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wash twp
c. LENGTH OF STAY (in this place): 4 yr 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3478
d. STREET ADDRESS (If rural, give location): 3320 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): GRACE GARST

4. DATE OF DEATH (Month) (Day) (Year): 2-21-51

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 10-18-74
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 4, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwf
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ind
12. CITIZEN OF WHAT COUNTRY: Mo

13a. FATHER'S NAME: John Zimmerman
13b. MOTHER'S MAIDEN NAME: ——
14. NAME OF HUSBAND OR WIFE: Wid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Hospital records — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
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: 334 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-20-, 1947, *to* 2-21, 1951, *that I last saw the deceased alive on* 2-21-; 1951, *and that death occurred at* 12 55 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R G Hall MD
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 2-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 23-1951
24c. NAME OF CEMETERY OR CREMATORY: Altamont Cemetery
24d. LOCATION (City, town, or county) (State): Altamont Kansas

DATE REC'D BY LOCAL REG.: 2-21-51
REGISTRAR'S SIGNATURE: Anna E Ferry
25. FUNERAL DIRECTOR'S SIGNATURE: Terry Funeral Home, L B Terry — ADDRESS: Nevada Missouri

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED FEB 26 1957
Dist. File 351-441
Date Filed 3-2-57

SEP 10 1957

SEP 28 1953

SEP 8 1957

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Nevada 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.