

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19935

State File No.

FILED JUL 5 - 1951

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5458 Registrar's No. 10

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>Rural</u>		c. LENGTH OF STAY (In this place) <u>62 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walnut Grove R#2</u>		d. STREET ADDRESS (If rural, give location) <u>Walnut Grove R#2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Ballard</u> c. (Last) <u>Garber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>August 11, 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR: Months <u>10</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James E. Garber</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Hurd</u>	14. NAME OF HUSBAND OR WIFE _____
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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>491-12-3829</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Garber</u> ADDRESS <u>Walnut Grove R#2</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension Severe with</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) Hypertensive Cardiovascular Disease</u> <u>DUE TO (c) Disease</u>		
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 <input type="checkbox"/> NO <input checked="" 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 1 Jan, 1951, to 6-24, 1951, that I last saw the deceased alive on 8 Jan, 1951, and that death occurred at 7:00p. m., from the causes and on the date stated above.

23a. SIGNATURE (Deedee or Title) <u>Stanley A. Peterson MD</u>	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>25 June 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Walnut Grove, Mo</u>
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DATE REC'D. BY LOCAL REG. <u>6/27/51</u>	REGISTRAR'S SIGNATURE <u>Greene Sp. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin Funeral Home</u> ADDRESS <u>Walnut Grove, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Greene County Health Office,

County File Number 51-7-41

Date Filed 7-3-51

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 Warren D. Dobbelt

Licensed Embalmer No. 4005

P. O. Address Ch. Moore

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.