

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20686

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 45			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Linn</u>					
b. CITY OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY OR TOWN <u>Brookfield</u>		d. STREET ADDRESS (If rural, give location) <u>924 Hansen</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>924 Hansen</u>				d. STREET ADDRESS (If rural, give location) <u>924 Hansen</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glorence</u> b. (Middle) <u>B</u> c. (Last) <u>Garvey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1951</u>						
5. SEX <u>211</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Feb 16, 1871</u>			
9. AGE (in years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ada, Ohio</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Henry Shuster</u>			13b. MOTHER'S MAIDEN NAME <u>Catharine Groll</u>			14. NAME OF HUSBAND OR WIFE <u>Michael Garvey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Thos J. Garvey</u> ADDRESS <u>Chicago</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke because accident</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>35</u> <u>416X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>7-14</u> , 19 <u>46</u> , to <u>6/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/1</u> , 19 <u>51</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R.W. Robinson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>211 Linn Road, Brookfield, Mo</u>		23c. DATE SIGNED <u>6/5/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield</u>			
DATE REC'D BY LOCAL REG. <u>6-9-51</u>		REGISTRAR'S SIGNATURE <u>W.B. Erwin</u>		167		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bowden Funeral Home</u> ADDRESS <u>Brookfield</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUN 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-67-1112
Date Filed: JUN 19 1951

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.....
Student Embalmer

Signed Jamer B. McCalland
Licensed Embalmer No. 4230

P. O. Address Brookfield, 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.