

FILED JUN 22 1951

## STANDARD CERTIFICATE OF DEATH

State File No. **20779**BIRTH NO. 30616-51 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo.</b> COUNTY <b>Mercer</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton</b>		c. LENGTH OF STAY (In this place) <b>life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>Princeton, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Garry</b> b. (Middle) <b>Lee</b> c. (Last) <b>Range</b>				4. DATE OF DEATH <b>June 5-51</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b>		8. DATE OF BIRTH <b>May 13-51</b>			
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months <b>0</b> Days <b>24</b>		10. UNDER 1 Hrs. Hours <b>0</b> Min.		11. BIRTHPLACE (State or foreign country) <b>Mercer Co. Mo.</b>			
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? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Henry Range</b>			13b. MOTHER'S MAIDEN NAME <b>Lucille Fessenden</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Henry Range, Princeton, Mo.</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchiopneumonia 7 Yrs.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dehydration and malnutrition</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7630</b>				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)		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 <b>May 4, 1951</b> , to <b>June 5, 1951</b> , that I last saw the deceased alive on <b>June 5, 1951</b> , and that death occurred at <b>4:55 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Jean J. Davison, D.O.</b>				23b. ADDRESS <b>Box 98 New Market</b>		23c. DATE SIGNED <b>6-8-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-6-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Ceme.</b>		24d. LOCATION (City, town, or county) (State) <b>Mercer Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>6-16-51</b>		REGISTRAR'S SIGNATURE <b>Neal</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Martin Funeral Home</b>		ADDRESS <b>Princeton, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0650



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

*Not Embalmed*

working under my personal supervision.

Student Embalmer No. ....

Signed

*John Martin*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3760*

P. O. Address *Princeton, 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.