

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36131

State File No.

FILED OCT 29 1951

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Crane</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Crane</u>	<u>1049</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Mary Elizabeth b. (Middle) _____ c. (Last) Garner 4. DATE OF DEATH (Month) Sept. (Day) 26 (Year) 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed 8. DATE OF BIRTH Apr. 29, 1861 9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 4 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Carol Hudson 13b. MOTHER'S MAIDEN NAME D.K. ? 14. NAME OF HUSBAND OR WIFE William Garner

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. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Smith ADDRESS Crane, Missouri

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 <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Virus pneumoniae - ?</u>		4 months	

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4222 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) _____ 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 July 11, 1951, to Sept. 25, 1951, that I last saw the deceased alive on Sept. 25, 1951, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. J. Vennard M.D. (Degree or title) 23b. ADDRESS Crane Mo 23c. DATE SIGNED 9-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 30, '51 24c. NAME OF CEMETERY OR CREMATORY Mans Hill 24d. LOCATION (City, town, or county) (State) Crane, Missouri

DATE REC'D BY LOCAL REG. Oct. 19, 1951 REGISTRAR'S SIGNATURE Mrs. J. Palmer Bisher 25. FUNERAL DIRECTOR'S SIGNATURE H. E. Culver ADDRESS Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 24 1951
Dist. File 1027-1894
Date Filed 10-26-51

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 G. E. Carter

Licensed Embalmer No. 3584

P. O. Address Cassville

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.