

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1100

State File No.

FILED JAN 31 1952

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5548 Registrar's No. 1

0450

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

1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWARD</u>	
b. CITY OR TOWN <u>RURAL Prairie</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 MI EAST GLASGOW</u>		d. STREET ADDRESS (If rural, give location) <u>6 MINES EAST GLASGOW</u>	

3. NAME OF DECEASED (Type or Print) <u>Genelle Maupin</u> (First) <u>Garven</u> (Middle) (Last)	4. DATE OF DEATH <u>JAN. 4, 1952</u> (Month) (Day) (Year)
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5. SEX <u>FEMALE WHITE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 24, 1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HER HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Columbus Maupin</u>	13b. MOTHER'S MAIDEN NAME <u>Miller</u>	14. NAME OF HUSBAND OR WIFE <u>LESTER GARVEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or date of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Garven</u> ADDRESS <u>Glasgow Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Gallbladder - cystic duct</u>		
	ANTECEDENT CAUSES Morbidity 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>Metastatic Carcinoma</u>			

19a. DATE OF OPERATION <u>11-19-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Gallbladder & cystic duct with liver metastasis</u>	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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>155 X</u>
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22. I hereby certify that I attended the deceased from 11-13, 1951 to 1-3, 1952, that I last saw the deceased alive on 1-3, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>Glasgow Mo</u>	23c. DATE SIGNED <u>1-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Jan. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Amstutz Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 5, 1952</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u> 410	25. FUNERAL DIRECTOR'S SIGNATURE <u>Audsley-Fremouth</u> ADDRESS <u>Glasgow Mo</u>
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RECEIVED JAN 30 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 30 1952

APR 17 1958

7704 100 1009

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 *J. Walker Audsley*

Licensed Embalmer No. *3336*

P. O. Address *Glasgow Me*

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.