

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21365

State File No.

DECEASED JUL 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>4395</u>		Registrar's No. <u>14</u>		
1. PLACE OF DEATH a. COUNTY <u>Ozark Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gainesville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gainesville</u>		0770		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLARD RAY</u> b. (Middle) <u>GARFIT</u> c. (Last) <u>GARFIT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 10-1917</u>		
9. AGE (To years, last birthday) <u>34</u>		10. UNDER 1 YEAR <input checked="" type="checkbox"/> MONTHS <u>11</u> DAYS <u>1</u>		11. UNDER 1 HRS. <input type="checkbox"/> HOURS <u>1</u> MIN. <u>1</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor in Box Factory</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Box Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Gainesville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Moses Garfit</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Luna</u>		14. NAME OF HUSBAND OR WIFE <u>Beulah Garfit</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-14-4417</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beulah Garfit</u> ADDRESS <u>Gainesville Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot in head. By Party on Parties Porch</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accident by coroner's firing</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E981X</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>7-11-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>To remove Bullet from Head Only</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Gainesville</u> (COUNTY) <u>Ozark</u> (STATE) <u>Mo.</u>				
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?				
22. I hereby certify that I attended the deceased from <u>about</u> 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Chas A Roof</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Gainesville Mo</u>			23c. DATE SIGNED <u>7/12/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Patrick Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/14/52</u>		REGISTRAR'S SIGNATURE <u>Thas Mahant</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>461- Clinkenshead</u> ADDRESS <u>Funeral Home Gainesville Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

5770
1

APR 20 1955

MAY 16 1955

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 Charles R. Roof

Signed.....
Student Embalmer

Licensed Embalmer No. 3044

P. O. Address Hamerville, 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.