

FILED JUL 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 23344

BIRTH NO.		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 6152		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural (Liberty)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural (Liberty)		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				d. STREET ADDRESS (If rural, give location) R.F.D. #3, Dexter, Mo.			
3. NAME OF DECEASED a. (First) Julia (Type or Print)		b. (Middle)		c. (Last) Garner		4. DATE OF DEATH (Month) (Day) (Year) June 28, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) never married		8. DATE OF BIRTH Oct. 3, 1872	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired house-keeper		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months   Days   Hours   Min. 79   8   25	
11. BIRTHPLACE (City and State or Foreign Country) Stoddard County, Mo.				12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Jackson Garner		13b. MOTHER'S MAIDEN NAME Nancy Fields		14. NAME OF HUSBAND OR WIFE -----			
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. Otus Steward, Dexter, Mo. R.3			
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. <i>Acute Cardiac decompensation</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Heart prostration</i> DUE TO (c) <i>Sclerosis</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <i>2 wks</i>  <i>17 months</i>  <i>8 years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>E9310</i> <i>22</i> <i>46</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <i>103</i>			
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 <i>2-6</i> , 19 <i>52</i> to <i>6-27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-27</i> , 19 <i>52</i> and that death occurred at <i>9:15 Pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>James O. Cameron D.O.</i>				23b. ADDRESS <i>17 N. Walnut - Dexter</i>		23c. DATE SIGNED <i>7-5-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-30-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Caroline Dowdy</i>		24d. LOCATION (City, town, or county) (State) <i>R.F.D. #3, Dexter, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>7-12-52</i>		REGISTRAR'S SIGNATURE <i>W. J. Strickland</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. Strickland</i> ADDRESS <i>Dexter, Mo.</i>			

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

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.