

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23876

State File No. ....

DECEASED AUG 14 1952

BIRTH NO. ....		REG. DIST. NO. <u>09</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>116</u>			
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (If this place) <u>1 hr</u>		c. CITY OR TOWN <u>Independence 0485</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>827 S. Willis</u>					
3. NAME OF DECEASED (Type or Print) <u>WILLIS HARVEY GARNER</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Aug 3 1952</u>				(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 30 1888</u>		9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dispatcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Taxical Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Perry Wesley Garner</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Carson</u>			14. NAME OF HUSBAND OR WIFE <u>Soldie Grace Garner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-056538</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ma Ruth Parker</u>		ADDRESS <u>Independence 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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</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>CONTUSIONS Fore head</u>					
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>						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)					
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>Aug 3 1952</u> , to <u>Aug 3 1952</u> , that I last saw the deceased alive on <u>Aug 3 1952</u> , and that death occurred at <u>5:15 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>Aug 3/52</u>			
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 5 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>			
DATE REC'D BY LOCAL REG <u>Aug 5 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Harrisonville Mo</u>			

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

MAR 25 1953

RECEIVED  
AUG 9 1952  
CASS COUNTY  
HEALTH DEPARTMENT

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 Ernest Remmenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.