

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42587

State File No. _____

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 22001 Registrar's No. 560

495
1

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN <u>0455</u>	
c. LENGTH OF STAY (in this place) 1 YEAR		d. STREET ADDRESS (If rural, give location) 1908 JACKSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1908 JACKSON			
3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) R. c. (Last) GARNER		4. DATE OF DEATH (Month) (Day) (Year) DEC. 19, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 7, 1889
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) APPLETON CITY, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY SAME	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE C. G. 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. UNK	17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. G. GARNER, 1908 JACKSON
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto reported angina</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	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) m.	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>12-19</u> , 19 <u>52</u> , to <u>12-19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>None</u> , 19 <u>52</u> , and that death occurred at <u>8:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lo Schulte M.D.</u>		23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 12/22/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-22-52	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
DATE REC'D BY LOCAL REG. 12-26-52	REGISTRAR'S SIGNATURE <u>Steve Parker</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-29-52
Jasper County Health Office

County File Number 52/12/1007

Date Filed 12-29-52

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.