

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

289

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>84</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Meth. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>115 W. Elk St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARNEST</u>			b. (Middle)			c. (Last) <u>GARREN</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>1 16 1953</u>		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>7-16-1886</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumbers Helper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rivers Plbg. Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co., Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>May Garren</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>91-10-5884</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doyle Parham, 115 W. Elk St., City</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis Generalized</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>4200</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>11-14, 1950</u> , to <u>1-16, 1953</u> , that I last saw the deceased alive on <u>1-15, 1953</u> , and that death occurred at <u>11:00A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Arnell S. Craig, M.D.</u> (Degree or title)				23b. ADDRESS <u>Tootle Building St. Joseph, Missouri</u>		23c. DATE SIGNED <u>1-19-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph City</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 23, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		446 5. FUNERAL DIRECTOR'S SIGNATURE <u>John R. Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>		

0117

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

16 50 yrs

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, on _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John E. Rupp

Student

Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.