

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **18911**

FILED JUN 3 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **113**

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

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	c. LENGTH OF STAY (in this place) <b>6 months</b>	c. CITY OR TOWN <b>Rolla</b>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1204 Elm Street</b>		e. STREET ADDRESS (If rural, give location) <b>1204 Elm Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ODEN</b>	b. (Middle) <b>CASS</b>	c. (Last) <b>GARST</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 25, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 22, 1911</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chemical Engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Government</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Trenton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Harvey Oden Garst</b>	13b. MOTHER'S MAIDEN NAME <b>Eula S. Sappenfield</b>	14. NAME OF HUSBAND OR WIFE <b>Audrey</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>343-01-6899</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Audrey Smith Garst</b>	ADDRESS <b>Rolla, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation.</b>		<b>Immediate</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Hanging.....Suicide</b> DUE TO (c) <b>Mentally depressed.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E974x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rolla Phelps Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hanging by neck from stair banister.</b>
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22. I hereby certify that I attended the deceased from **Rolla** on **May 26, 1953**, and that death occurred at **11:45P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Nadine L. Stoll</b> Coroner, Phelps Co., <b>Rolla, Mo.</b>	23b. ADDRESS <b>508 West 8th, Rolla Mo., Rolla, Mo.</b>	23c. DATE SIGNED <b>May 28/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 28, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 28, 1953</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Null</b>	ADDRESS <b>Rolla, Mo.</b>
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JUN 15 1953

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.....  
Signature of Student Embalmer

Signed..... Paul E. Nulb

Licensed Embalmer No. 442

P. O. Address..... Prolla,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.