No. 300
10.48

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

FILED SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27778

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 993

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN St. Joseph
c. LENGTH OF STAY (in this place) 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Tate Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117
d. STREET ADDRESS (If rural, give location) 1601 Angelique Street

3. NAME OF DECEASED (Type or Print)
a. (First) Ella
b. (Middle)
c. (Last) Garner

4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1953

5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 3 1892
9. AGE (In years last birthday) 61
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Columbia - Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Randel Wright
13b. MOTHER'S MAIDEN NAME Mary Liza Madison
14. NAME OF HUSBAND OR WIFE James Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ____
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Eugene Wright
ADDRESS City 630 Ro. 22nd St.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis — 10 yrs.
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Strokes of Apoplexy

19a. DATE OF OPERATION ____
19b. MAJOR FINDINGS OF OPERATION 443X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ____

22. *I hereby certify that I attended the deceased from* 7-18, 1953, *to* 9-7, 1953, *that I last saw the deceased alive on* 9-5, 1953, *and that death occurred at* 3:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE H F Mundy (Degree or title) M.D.
23b. ADDRESS 2801 Sacramento St., City
23c. DATE SIGNED 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 10, 1953
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Sept 11, 1953
REGISTRAR'S SIGNATURE Esther M. Allison Dep Reg. Mary P. Bahnsen
FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm. H. Alexander, St. Joseph, Mo.

485-0 (Licensed Embalmer's Statement on Reverse Side)

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 Wm. H. Alexander

Licensed Embalmer No. 4450

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.