

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bronaugh</u> 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Monte</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Garton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1953</u>
--	------------------------	-------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>Dec. 19, 1949</u>	9. AGE (In years last birthday) <u>3</u>	10. UNDER 1 YEAR Days <u>8</u>	11. UNDER 1 HRS. Hours <u>9</u>	12. MIN. <u>0</u>
--------------------	-------------------------------	---	---------------------------------------	--	--------------------------------	---------------------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Nevada, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Wendell Garton</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Garton</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wendell Garton, Bronaugh, Mo.</u>	ADDRESS
---	--------------------------------------	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries of the head and</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
	ANTECEDENT CAUSES <u>chest due to fracture of skull and multiple fractures of ribs, right</u> DUE TO (b) <u>having been run over by an auto-</u>		
	DUE TO (c) <u>mobile.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None.</u>	19b. MAJOR FINDINGS OF OPERATION <u>E8304 25</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Bronaugh</u> (COUNTY) <u>108 Vernon</u> (STATE) <u>Missouri</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 28, 1953 5:15P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patient was run over by an automobile.</u>
--	---	---

22. I hereby certify that I attended the deceased from Aug. 28, 1953, to Aug. 28, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred about 5:45 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Rolla B. ...</u>	(Degree or title)	23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	23c. DATE SIGNED <u>29 Aug 1953</u>
---------------------------------------	-------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried 8-31-53</u>	24b. DATE <u>8-31-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Worship Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bronaugh, Mo.</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>9-4-53</u>	REGISTRAR'S SIGNATURE <u>Anna E. ...</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Exchange Funeral Home, Nevada, Mo.</u>	ADDRESS
---	---	---	---------

(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 *Perrey F. Melstun* _____

Licensed Embalmer No. *4805* _____

P. O. Address *Nevada, 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.