

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38762**
Registrar's No. **1013**

FILED NOV 18 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 31 years	c. CITY OR TOWN Springfield
d. FULL NAME OF HOSPITAL OR INSTITUTION 447 South Ave		e. STREET ADDRESS (If rural, give location) 447 South Ave	

3. NAME OF DECEASED (Type or Print) a. (First) LULA b. (Middle) WILLIAMS c. (Last) GARBEE			4. DATE OF DEATH November 7 1953 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
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		8. DATE OF BIRTH Dec. 12, 1887	
11. BIRTHPLACE (City and State or Foreign Country) Billings, Missouri				9. AGE (In years last birthday) 65	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				IF UNDER 1 YEAR Days _____ IF UNDER 1 MRS. Hours _____ Min. _____	

13a. FATHER'S NAME Preston Williams		13b. MOTHER'S MAIDEN NAME Rena Geren		14. NAME OF HUSBAND OR WIFE J. E. Garbee	
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. none		17. INFORMANT'S SIGNATURE OR NAME J E Garbee, Springfield, Missouri ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency			2 yrs	
		ANTECEDENT CAUSES				
		DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death. Diabetes M.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 **12-6-**, 1951, to **11-7-**, 1953, that I last saw the deceased alive on **11-6-53**, 19**53**, and that death occurred at **1:25 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS 1630 N. Jefferson		23c. DATE SIGNED 11-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	
		24d. LOCATION (City, town, or county) Springfield, Missouri		(State)	

DATE REC'D BY LOCAL REG. 11-10-53		REGISTRAR'S SIGNATURE Evelyn Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeizer ADDRESS Springfield, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Bernard J. Wright*

Licensed Embalmer No. *429*

P. O. Address *Springfield*

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.