V.S. No. 300
Rev. 10-48

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

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41598

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 590 Registrar's No. 2823

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROCK HILL
c. LENGTH OF STAY (in this place): 7 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 740 MADISON AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: ROCK HILL 463
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 740 MADISON AVE

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): JACOB
c. (Last): GARNER

4. DATE OF DEATH (Month) (Day) (Year): OCT. 31, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 19, 1898
9. AGE (In years last birthday): 54 — 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): UNEMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAN
11. BIRTHPLACE (City and State or Foreign Country): JONESBURG, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: CLARENCE GARNER
13b. MOTHER'S MAIDEN NAME: VIRGINIA MILLER
14. NAME OF HUSBAND OR WIFE: THERESA COLLINS GARNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 493-05-0608
17. INFORMANT'S SIGNATURE OR NAME: Theresa C. Garner — **ADDRESS**: 740 Madison Ave

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted gunshot wound of the head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) fired from a .22 cal. single shot rifle.

DUE TO (c) Body was found lying on ground outside a rear door at home, 240 Madison, Rock Hill, the rifle with a discharged cartridge in the barrel lying at his feet. Body removed to County Hospital by Rock Hill Police Dept., and was D.O.A.

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

19a. DATE OF OPERATION: 9-26-X
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): rear of home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rock Hill Village Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-31-53 5:20a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self-inflicted gun-shot wound

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arnold J. Willmann, Coroner
23b. ADDRESS: Clayton, Missouri
23c. DATE SIGNED: 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS MO.

DATE REC'D BY LOCAL REG.: 11/2/53
REGISTRAR'S SIGNATURE: Herbert R. Jones M.D.
25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side): MITTELBERG FUNERAL HOME
ADDRESS: 23 W. LOCKWOOD AVE WEBSTER GROVES, MO.

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 Fred J. Farmer

Licensed Embalmer No. 4788

P. O. Address St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.