

FILED JAN 7th 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41985**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5009** Registrar's No. **433**

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-WILSON TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-WILSON 0010	
c. LENGTH OF STAY (in this place) 30		d. STREET ADDRESS (If rural, give location) 2 MI-N- GIBBS 1953	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MI-N- GIBBS			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) VELMA c. (Last) GARHOCK			4. DATE OF DEATH (Month) (Day) (Year) DEC. 24 1953		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 25 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR 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 HOUSEKEEPER		11. BIRTHPLACE (State or foreign country) ADAIR CO. MISSOURI	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME DANIEL H. CRAWFORD		13b. MOTHER'S MAIDEN NAME VELMA STANFORD		14. NAME OF HUSBAND OR WIFE JACOB W. GARHOCK	
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. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. W. GARHOCK GIBBS MO	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) She had Chronic Heart DUE TO (c) + Liver trouble for 3 or 4 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4 day
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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) 4343	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **DEC. 10 1953**, to **DEC 24, 1953**, that I last saw the deceased alive on **DEC 23, 1953**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. M. Humphrey M.D.		23b. ADDRESS Brashear Mo		23c. DATE SIGNED 12-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 27, 1953		24c. NAME OF CEMETERY OR CREMATORY MAPLE HILLS	
				24d. LOCATION (City, town, or county) (State) WIRNSVILLE MO	
DATE REC'D BY LOCAL REG. 10-28-53		REGISTRAR'S SIGNATURE Wate Lambert 1-1		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Geo. H. Casady, Jr. Hurdland Mo	

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
Student Embalmer

Signed Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.