No. 200
10-48

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

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11331

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 281

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brandon Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: BUTLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROSELEY
d. STREET ADDRESS (If rural, give location): 0120 / 1

3. NAME OF DECEASED (Type or Print)
a. (First): WM
b. (Middle): OSCAR
c. (Last): GARVER

4. DATE OF DEATH (Month) (Day) (Year): APR 24 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MAR 4 1906
9. AGE (In years last birthday): 48 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MAR 4 1906 Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George H. Garver
13b. MOTHER'S MAIDEN NAME: Pearl Hunt
14. NAME OF HUSBAND OR WIFE: Edith Garver

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.: 488-26-2640
17. INFORMANT'S SIGNATURE OR NAME: Edith Garver — **ADDRESS**: Broseley 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4-20-54

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal Hemorrhage
DUE TO (c) old standing duodenal ulcer — 10-7-53

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

19a. DATE OF OPERATION: –
19b. MAJOR FINDINGS OF OPERATION: – 5410
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* Oct. 7th *19*53, *to* Apr. 24th *19*54, *that I last saw the deceased alive on* Apr. 24th *19*54, *and that death occurred at* 8:48A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Brandon, M.D. (Degree or title)
23b. ADDRESS: 1124 N. Main, Poplar Bluff, Mo.
23c. DATE SIGNED: 4-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-26-54
24c. NAME OF CEMETERY OR CREMATORY: Brownson Chapel
24d. LOCATION (City, town, or county) (State): Broseley Mo.

DATE REC'D BY LOCAL REG.: 4/28/54
REGISTRAR'S SIGNATURE: 489- O. W. Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE: Lloyd Russell — **ADDRESS**: Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 3 1954
BUTLER CO. HEALTH CENTER

FILE No._____

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941 Ma

P. O. Address Piggott Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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