

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26614

State File No. _____
Registrar's No. 53

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5299

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLINTON</u>	
b. CITY OR TOWN <u>LA+HROP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LA+HROP</u>	
c. LENGTH OF STAY (in this place) <u>11 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MANFIELD</u> b. (Middle) <u>M.</u> c. (Last) <u>GARNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-3-1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Oct-11-1882</u>		9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>10 22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PARIS ARK.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>JOSEPH GARNER</u>		13b. MOTHER'S MAIDEN NAME <u>VIOLA BYRD</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY GARNER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>509-20-4481</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Mary Garner Lathrop, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		19. INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circumovascular</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Myocarditis</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>		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 Sept 3, 1954 to 9-3, 1954, that I last saw the deceased alive on Sept 15, 1954, and that death occurred at 5:00 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Longfield, M.D.</u>		23b. ADDRESS <u>Lathrop, Mo.</u>		23c. DATE SIGNED <u>9/3/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plattsburg Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. W. Moser</u>		24f. ADDRESS <u>Man Creek Cemetery, Mo.</u>	

No. 300
10.48

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

1904

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

Harold L. Walker

Licensed Embalmer No.

4588

P. O. Address

Lathrop 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.