

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26704**

BIRTH NO. _____		REG. DIST. NO. <b>98</b>		PRIMARY REG. DIST. NO. <b>4163</b>		Registrar's No. <b>80</b>	
1. PLACE OF DEATH a. COUNTY <b>Warren</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jamesport</b>		c. LENGTH OF STAY (In this place) <b>2 yr</b>		c. CITY OR TOWN <b>Jamesport</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <b>0310</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GARLAND</b> b. (Middle) <b>ROY</b> c. (Last) <b>HOORRIDGE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 21-1954</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>July 24-1911</b>	
9. AGE (In years last birthday) <b>43</b>		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) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <b>Jamesport, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>							
13a. FATHER'S NAME <b>Harry Lockridge</b>			13b. MOTHER'S MAIDEN NAME <b>Maudie Hutchall</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>- 0 -</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marion Hill Jamesport Mo</b> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>
<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) <b>Coronary Thrombosis</b>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) <b>Acute alcoholism</b>					
		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 _____					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) <b>4201</b>			
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? <b>Found dead in Bed</b>			
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 <b>G. Baumgardner</b> (Degree or title) <b>MD</b>			23b. ADDRESS <b>Pattonsburg, Mo</b>		23c. DATE SIGNED <b>8/23/54</b>		
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 24 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jamesport MO</b>		
DATE REC'D BY LOCAL REG. <b>8-24-54</b>		REGISTRAR'S SIGNATURE <b>Virginia M Engelbert</b> <b>81-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>G. L. Roberson</b> ADDRESS <b>Jamesport</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

310

AUG 31 1911

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 *Q. L. Roberson*

Licensed Embalmer No. 324

P. O. Address *Jamesport*

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.