

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244

1. PLACE OF DEATH

a. COUNTY JASPER

b. CITY (If outside corporate limits, write RURAL and give town) CARTERVILLE

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION CHANEY NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI

b. COUNTY JASPER

c. CITY (If outside corporate limits, write RURAL and give township) CARTERVILLE

d. STREET ADDRESS (If rural, give location) 302 TENNESSEE

3. NAME OF DECEASED

a. (First) ANDREW

b. (Middle) \_\_\_\_\_

c. (Last) GARNER

4. DATE OF DEATH

(Month) SEPT (Day) 7 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO DATA

8. DATE OF BIRTH NOVEMBER 14 1860

9. AGE (In years last birthday) 93

If under 1 year: Months 9 Days 24

If under 2 hrs: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY NO DATA

11. BIRTHPLACE (State or foreign country) NO DATA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME NO DATA

13b. MOTHER'S MAIDEN NAME NO DATA

14. NAME OF HUSBAND OR WIFE NO DATA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME WELFARE OFFICE

ADDRESS \_\_\_\_\_

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Tuberculosis

ANTECEDENT CAUSES

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

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) \_\_\_\_\_

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 Sept 1, 1954 to Sept 9, 1954, that I last saw the deceased alive on Sept 1, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. E. Coats M.D. (Degree or title)

23b. ADDRESS Joplin, Mo

23c. DATE SIGNED 9-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 9-9-1954

24c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY

24d. LOCATION (City, town, or county) (State) WEBB CITY, MO.

DATE REC'D BY LOCAL REG. 9-10-'54

REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

25. FUNERAL DIRECTOR'S SIGNATURE \_\_\_\_\_ ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

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

0490 #

0490

UNIFORM TO BE USED BY MEMBERS OF THE  
JASPER COUNTY HEALTH OFFICE

RECEIVED SEP 13 1954  
Jasper County Health Office  
County File Number 54-9-76  
Date Filed SEP 13 1954

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 Richard Gray Lewis

Licensed Embalmer No. 94405

P. O. Address Webb City 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.