

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23067

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY OSAGE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY OSAGE		
b. CITY OR TOWN Rural		c. LENGTH OF STAY (In this place) 8 yrs	c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home			e. STREET ADDRESS (If rural, give location) 0760		
3. NAME OF DECEASED (Type or Print) a. (First) BRACE b. (Middle) I c. (Last) GARNER			4. DATE OF DEATH (Month) (Day) (Year) July 17-1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 28-1886	9. AGE (In years last birthday) 68+	IF UNDER 1 YEAR Months Days
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wes. Imboden		13b. MOTHER'S MAIDEN NAME Nosie Ostrander		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil Miller - Denver Colo			
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) Cerebral hemorrhage, massive ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis and DUE TO (c) hypertensive heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days 2 years
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 July 16, 1955 , to July 17, 1955 , that I last saw the deceased alive on July 16, 1955 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) F. J. Kozal, M.D.			23b. ADDRESS Belle, Mo.		23c. DATE SIGNED 7-18-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 19-1955	24c. NAME OF CEMETERY OR CREMATORY Highgate Cemetery	24d. LOCATION (City, town, or county) (State) Marion County - Mo.		
DATE REC'D BY LOCAL REG. July 22, 1955	REGISTRAR'S SIGNATURE T. A. Submitt	25. FUNERAL DIRECTOR'S SIGNATURE S. S. Stephens	ADDRESS Belle, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Chester Baseman

Licensed Embalmer No. 417

P. O. Address BLAND

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.