

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25206

State File No.

FILED AUG 16 1955

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u>	
c. LENGTH OF STAY (in this place) <u>48 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Fairfax Community Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Garst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 1 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>9-3-1870</u>			9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>84 10 28</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home.</u>		11. BIRTHPLACE (State or foreign country) <u>Frazer, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>Daniel McCray</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Kinniard</u>		14. NAME OF HUSBAND OR WIFE <u>Everett Garst (dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Albert Garst, Hamburg, Ia.,</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Advanced atherosclerosis</u>		
	DUE TO (c) <u>Coronary vascular disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pernicious anemia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Hamburg, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/1/55 11:10 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 1, 1954 to Aug 1, 1955, that I last saw the deceased alive on 8/1/55, 1955, and that death occurred at 11:10 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ch. Wideman, M.D.</u>	23b. ADDRESS <u>Harris, Mo.</u>	23c. DATE SIGNED <u>8/3/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-3-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hamburg, Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hamburg, Ia.,</u>
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DATE REC'D BY LOCAL REG OFFICE <u>Aug 12, 1955</u>	REGISTRAR'S SIGNATURE <u>Harold Wheeler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bartholomew Mortuary, Rockport.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

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 *Geatz Barchelona* _____

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.