

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25820**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **748-B**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 6 months	c. CITY OR TOWN Hartsville
d. FULL NAME OF HOSPITAL OR INSTITUTION Counelly Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1170	

3. NAME OF DECEASED (Type or Print)	a. (First) Fannie	b. (Middle) Boyer	c. (Last) Garner	4. DATE OF DEATH (Month) (Day) (Year) Aug 25, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 28, 1878	9. AGE (In years last birthday) 77	10. MONTH 3	11. DAY 27	12. CITIZEN OF WHAT COUNTRY? U.S.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Gasper, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Todd	13b. MOTHER'S MAIDEN NAME Elizabeth Cantrell	13c. NAME OF HUSBAND OR WIFE George Garner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give no. or date of service) No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Vera Brazel	ADDRESS mtu Shaw
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, generalized		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1500	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)
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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?
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22. I hereby certify that I attended the deceased from **3/24**, 19 **55**, to **8/23**, 19 **55**, that I last saw the deceased alive on **8/21/55**, 19 **55**, and that death occurred at **11:10 Am.**, from the causes and on the date stated above.

23a. SIGNATURE J. B. Lemmon, M.D. (Degree or title)	23b. ADDRESS 1101 E. Walnut, Springfield, Mo.	23c. DATE SIGNED 9/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-28-1955	24c. NAME OF CEMETERY OR CREMATORY Steele	24d. LOCATION (City, town, or county) (State) Hartsville Mo.
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DATE REC'D BY LOCAL REG. 9-6-55	REGISTRAR'S SIGNATURE Edith Williams	25. FUNERAL DIRECTOR'S SIGNATURE Grable Winkle	ADDRESS mtu Shaw Mo.
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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 *Frank Grable*

Licensed Embalmer No. *418*

P. O. Address *mtg Geo*

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.