

FILED SEP 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31962

State File No. 125
Registrar's No. 3074

BIRTH NO. 62030-55 REG. DIST. NO. 332 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sikeston)		c. LENGTH OF STAY (in this place) 8 Hours	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 Mo. Delta Community Hospital		STREET ADDRESS (If rural, give location) Route #1	

3. NAME OF DECEASED (Type or Print)	a. (First) Julia	b. (Middle) Ann	c. (Last) Garner	4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9-13-1955	9. AGE (In years last birthday) - IF UNDER 1 YEAR Months - IF UNDER 12 HRS. Days - Hours 8 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0	10b. KIND OF BUSINESS OR INDUSTRY 0	11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Willard Garner	13b. MOTHER'S MAIDEN NAME Bernice Jordan	14. NAME OF HUSBAND OR WIFE 0
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernice Garner, Matthews, Mo. ADDRESS 0
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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) Immaturity		
	ANTECEDENT CAUSES DUE TO (b) Premature labor DUE TO (c) Premature Separation of placenta		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7615			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **9-13, 1955**, to **9-13, 1955**, that I last saw the deceased alive on **9-13, 1955**, and that death occurred at **8:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Oliver Berglund (Degree or title)	23b. ADDRESS Sikeston, Missouri	23c. DATE SIGNED 9-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9/14/55	24c. NAME OF CEMETERY OR CREMATORY Matthews Cemetery	24d. LOCATION (City, town, or county) (State) Matthews Mo
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DATE REC'D BY LOCAL REG. 9-17-55	REGISTRAR'S SIGNATURE Miss Olga Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Miss Olga Hunter ADDRESS Sikeston
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

270.

DATE RECEIVED SEP 26 1955
SCOTT CO. HEALTH DEPT.
CO. FILE No. 955-209

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 *Body not Embalmed*.....
Licensed Embalmer No.....
P. O. Address.....

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.