

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 30 1956

State File No. **10132**

BIRTH NO. _____		REG. DIST. NO. <b>228</b>		PRIMARY REG. DIST. NO. <b>3054</b>		Registrar's No. <b>43</b>						
1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Pike</b>								
b. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana</b>		c. LENGTH OF STAY (If this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Annada,</b>		0520 0						
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>				d. STREET ADDRESS (If rural, give location)								
3. NAME OF DECEASED (Type or Print) <b>EARNEST</b>			a. (First) <b>M.</b>		b. (Middle) <b>GARNER</b>		c. (Last)					
4. DATE OF DEATH		<b>MARCH 20 1956</b>										
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>		8. DATE OF BIRTH <b>MCH 7, 1868</b>		9. AGE (In years last birthday) <b>88</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>13</b> IF UNDER 24 HRS. Hours <b>0</b> Mins. <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BLACKSMITH</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>		11. BIRTHPLACE (State or foreign country) <b>PAYNESVILLE, MO</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>JACOB GARNER</b>			13b. MOTHER'S MAIDEN NAME <b>MARY A. SHARP</b>			14. NAME OF HUSBAND OR WIFE						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>MARY GARNER-Coleman</b>					ADDRESS <b>1314 Mo</b>			
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) <b>Congestive Heart Failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>				
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Dis</b>				<b>Unk.</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 <b>4000</b>								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 <b>3/15</b> , 19 <b>56</b> , to <b>3/19</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3/19/56</b> , 19 <b>56</b> , and that death occurred at <b>11:30p.m.</b> , from the causes and on the date stated above.												
23. SIGNATURE (Name or title) <b>M. D. Clark</b>				23b. ADDRESS <b>Clarksville Mo.</b>				23c. DATE SIGNED <b>3/22/56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Mch 21</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>			24d. LOCATION (City, town, or county) (State) <b>Clarksville Mo</b>					
DATE REC'D BY LOCAL REG <b>March 21 1956</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Harvey L. Carroll</b>						ADDRESS <b>Clarksville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1933

**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 *Geo. M. Callier*

Licensed Embalmer No. *3839*

P. O. Address *Laurieburg*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.