

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15854**

FILED JUN 4 1956

BIRTH NO. _____		REG. DIST. NO. <b>75</b>		PRIMARY REG. DIST. NO. <b>3015</b>		Registrar's No. <b>59</b>		
1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLINTON</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cameroon</b>		c. LENGTH OF STAY (In this place) <b>11 YRS</b>		c. CITY OR TOWN <b>CAMERON</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>His Home</b>				e. STREET ADDRESS (If rural, give location) <b>0250</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>DONALD</b> b. (Middle) <b>RICHARD</b> c. (Last) <b>GARR.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 17 - 1956</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Aug 26 1906</b>		
9. AGE (In years) (If under 1 year last birthday) Months Days Hours Min. <b>49</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PATROLMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>POLICE</b>		11. BIRTH PLACE (City and State or Foreign Country) <b>Jamesport, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>J. R. GARR</b>		13b. MOTHER'S MAIDEN NAME <b>Vivian Cabelman</b>		14. NAME OF HUSBAND OR WIFE <b>Phyleta Garr.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>497-30-5962</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Phyleta Garr.</b>		ADDRESS <b>CAMERON, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute lymphatic leukemia</b> 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.			INTERVAL BETWEEN ONSET AND DEATH <b>7 mos.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2040</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) (Min.)		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>Oct 19 56</b> to <b>May 17 1956</b> , that I last saw the deceased alive on <b>May 16 1956</b> , and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>W. Moser M.D.</b>				23b. ADDRESS <b>Cameroon Mo</b>		23c. DATE SIGNED <b>5-28-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>May 19 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>CAMERON - MO.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>5-31-'56 Wmfred W. Moser</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>De Moss CRANK CAMERON, MO</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*LeRoy Lusk*

Licensed Embalmer No. *253*

P. O. Address *Cameron*

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.