Stricker

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17273

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps Co. Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Florida
b. COUNTY: Duval 8090
c. CITY OR TOWN: Jacksonville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 8
STREET ADDRESS (If rural, give location): 800 East Adams st.,

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) CONRAD c. (Last) GARWOOD
4. DATE OF DEATH (Month) (Day) (Year): May 6, 1956
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 16, 1924
9. AGE (In years last birthday): 31 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver
10b. KIND OF BUSINESS OR INDUSTRY: Moveing Co.
11. BIRTHPLACE (City and State or Foreign Country): Florida
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John Garwood
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Margaret Garwood (wife)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII USNR
16. SOCIAL SECURITY NO. 265 14 3807
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Margaret Garwood (wife) Linchburg, Va.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 6 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) following surgery for
DUE TO (c) Stenosis of Ampulla Vater & Cholecystectomy — 586 x

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 4/26/56
19b. MAJOR FINDINGS OF OPERATION: Stenosis Ampulla Vater + severe jaundice
20. AUTOPSY? YES [ ] NO [✓]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 19, 1956 *to* 5/6, 1956, *that I last saw the deceased alive on* 5/6, 1956, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Stricker (Degree or title) M.D.
23b. ADDRESS: Rolla Mo
23c. DATE SIGNED: 5/8/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-7-1956
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): Lynchburg, Virginia

DATE REC'D BY LOCAL REG.: May 8, 1956
REGISTRAR'S SIGNATURE: Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Carl J. Klenn 1100 Elm, Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

.300 .48 380 0

RECEIVED
Phelps County Health Officer,
County File Number 406
Date Filed 5/15/56

JUN 6 1956

MAY 17 1956

MAY 22 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....Me...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Carl J. Glenn
Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.