

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30346**

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5440 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>GASCONADE</u>	
b. CITY OR TOWN <u>Rural (Clay Township)</u> c. LENGTH OF STAY (in this place) <u>57 yrs</u>		c. CITY OR TOWN <u>Rural</u> 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		e. STREET ADDRESS (If rural, give location) <u>R.F.D. #1 Bland, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Charles</u> c. (Last) <u>GARVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11 - 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARM HAND</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GASCONADE County - Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John GARVER</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie STEPHAN</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rich Dawn - Bland - Mo.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u>		ANTECEDENT CAUSES		<u>7 min.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cardiac Arrest</u>		<u>-</u>	
DUE TO (c) <u>Coronary Thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS		<u>10 min.</u>	
DUE TO (d) <u>Arteriosclerosis</u>		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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20a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clay Township GASCONADE Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 - 11-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 11-8, 1954, to 9-8, 1956 that I last saw the deceased alive on 9-8, 1956 and that death occurred at 1:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. Hedley Do?</u> (Degree or title)		23b. ADDRESS <u>Bland Mo</u>		23c. DATE SIGNED <u>9/14/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 14 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bland - Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9-14-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Velma Winter Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sassanows Funeral Service Chester Sessom - Bland, Mo.</u>	
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4930

8661 81 1000

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 *Chester Sessina*

Licensed Embalmer No. 4178

P. O. Address Bland-h

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.