

FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36861

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>37</u>		
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mountain Grove</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mountain Grove</u>		11410		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>213m Front Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wohn</u> b. (Middle) <u>Stanley</u> c. (Last) <u>Garmon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 26, 1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 7, 1907</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery (retail)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grogan, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John B. Garmon</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Amy Walling</u>		14. NAME OF HUSBAND OR WIFE <u>Faye Williams Garmon</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Faye Garmon</u>					ADDRESS <u>Mountain Grove, Missouri</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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) _____	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 <u>9-15-</u> , 19 <u>56</u> , to <u>10-26-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-26-</u> , 19 <u>56</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Williams M.D.</u>				23b. ADDRESS <u>Wohn, Faye Mrs.</u>		23c. DATE SIGNED <u>10-27-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/28/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>11-6-56</u>		REGISTRAR'S SIGNATURE <u>A. C. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George Shapp - Mtn Grove, Mo</u>				ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Licensed Embalmer No. 3161

P. O. Address Wm. Snow, Mo.

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.