

STANDARD CERTIFICATE OF DEATH

42030

STATE FILE NUMBER

FILED DEC 27 1956

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 98

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY LAFAYETTE	a. STATE MISSOURI b. COUNTY SALINE		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN WAVERLY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RURAL 0979		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION KELLING CLINIC, 12 HRS	d. STREET ADDRESS 4mi. S/E of BLACKBURN		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First MIDDLE Last	4. DATE OF DEATH
EDITH B. GARVER		12 20 1956

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1909	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) BLACKBURN MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	Months	Days

13. FATHER'S NAME ERNEST KAISER	14. MOTHER'S MAIDEN NAME ANNA HAIKEN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO.	17. INFORMANT Address Go Garver Blackburn, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage	abt. 30 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) 331.X	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) acromegaly	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	abt. 25 years

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Nov. 15, 1945 to Dec. 20, 1956 and last saw her alive on 12/19/56
Death occurred at 4:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas Kelling M.D. (Degree or title)	22b. ADDRESS Waverly, Missouri	22c. DATE SIGNED 12/21/56
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-22-56	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL GARDEN MARSHALL	23d. LOCATION (City, town, or county) (State) MO.
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24. FUNERAL DIRECTOR BAILEY FUNERAL HOME Waverly	25. DATE RECD. BY LOCAL REG. 12-21-1956	26. REGISTRAR'S SIGNATURE Clayton W. Sanderson
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(Licensed Embalmer's Statement on Reverse Side)

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Mrs. D. Bailey*.....
Licensed Embalmer No. *48*.....

P. O. Address *Waverly*.....

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