

FILED MAY 21 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

16108

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural (Exeter Twp.)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Exeter (RFD)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 16 yrs.	d. STREET ADDRESS 4 Mi. West of Exeter		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle FRANCIS Last GARNER			4. DATE OF DEATH April 22, 1957 Month April Day 22 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-5-1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 6 Days 17 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J. M. Garner			14. MOTHER'S MAIDEN NAME Martha H. Ernst		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Eva Lee Payton, Washburn, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
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	
21. I attended the deceased from January 1956 to April 15, 1957 and last saw ^{her} him alive on 4-15-1957 Death occurred at 11:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Glen H. Dalger M. D. (Degree or title)			22b. ADDRESS Cassville, Missouri		22c. DATE SIGNED 5-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-24-57	23c. NAME OF CEMETERY OR CREMATORY Horner Cemetery		23d. LOCATION (City, town, or county) (State) Barry County, Missouri
24. FUNERAL DIRECTOR Williamson Chapel, Cassville, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 5-18-57		26. REGISTRAR'S SIGNATURE Grace Williams

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

health, Welfare public service

300 1-56

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.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 557-86

DATE REC. 5-20-57

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 Myself, Student Embalmer No.
 working under my personal supervision.

Student
Signature of Student Embalmer

Signed Doyle E. Williams
Licensed Embalmer No. 48

P. O. Address Cassville

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