

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31426

STATE FILE NUMBER

FILED SEP 23 1957 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 895

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Springfield Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mt. Vernon Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Length of stay in 1b 1 WEEK		d. STREET ADDRESS (If outside, give location) Reside on Farm Route 1 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Onae N. Garner			4. DATE OF DEATH Month Day Year 9 - 14 - 57
5. SEX Male	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 12 - 10 - 1903
9. AGE (In years last birthday) 53		10. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Lawrence County
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank Garner		14. MOTHER'S MAIDEN NAME Susan Copple	
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 Mrs. Edwina Garner		Address Mt. Vernon, Mo. R1	
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 Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 5 da
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) 332X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 9-8-57 to 9-14-57 and last saw ^{her} him alive on 9-14-57 Death occurred at 10:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. P. Maddup M.D.		22b. ADDRESS Springfield, Mo	
		22c. DATE SIGNED 9/17/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9 - 17 - 57	
23c. NAME OF CEMETERY OR CREMATORY Summit Cemetery		23d. LOCATION (City, town, or county) (State) 4 mi. N. E. Mt. Vernon, Mo.	
24. FUNERAL DIRECTOR H. D. Fossett		ADDRESS Mt. Vernon, Mo.	
25. DATE RECD. BY LOCAL REG. 9-18-57		26. REGISTRAR'S SIGNATURE Edith Williamson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Every entry on this certificate must be ascertained to be true. If any symptoms will be missed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

SEP 29 1957

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 N. D. Fasset.....

Licensed Embalmer No. 22

P. O. Address mt. View

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.