ot. Health,
., & Welfare
S. Public
lth Service

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v. 1-57

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36354
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 497

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): JOPLIN — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1908 JACKSON AVE. — Length of stay in 1b: 60 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1908 JACKSON AVE. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CHESTER Middle: G. Last: GARNER

4. DATE OF DEATH Month: OCTOBER Day: 19 Year: 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: NOV. 5, 1880

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: MO. PAC. R.R.

11. BIRTHPLACE (City and state or country): IBERIA, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: UNK

13b. MOTHER'S MAIDEN NAME: UNK

14. NAME OF HUSBAND OR WIFE: DELORES GARNER

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.: UNK

17. INFORMANT Address: MRS. DELORES GARNER, 1908 JACKSON AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Malignant Lymphoma Abdominal — INTERVAL BETWEEN ONSET AND DEATH: 10 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Hypertrophic Arthritis advanced — 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis - Generalized 2002

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 10/19/53, to 10/19/57 and last saw ~~her~~ him alive on 10/18/57
Death occurred at 2:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G. A. SCHULTE, M. D.

22b. ADDRESS: 2125 Jackson, Joplin, Mo.

22c. DATE SIGNED: 10/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 10-21-57

23c. NAME OF CEMETERY OR CREMATORY: MT. HOPE CEMETERY

23d. LOCATION (City, town, or county) (State): WEBB CITY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

25. DATE RECD. BY LOCAL REG.: 10/24/57

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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RECEIVED
Jasper County Health Office
County File Number 57-10-223
Date Filed OCT 28 1957

OCT 31 1957

DEC 6 1957

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.