

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1626**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Noel</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1326 Grand Ave.,</b>		d. STREET ADDRESS (If rural, give location) <b>Lanagan Rt. # 1, 1 1/2 miles west of</b>	
3. NAME OF DECEASED a. (First) <b>Louis</b> b. (Middle) _____ c. (Last) <b>Garland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 19-1876</b>
9. AGE (In years last birthday) <b>81</b>		# UNDER 1 YEAR <b>2</b> Months <b>12</b> Days	# UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Druggist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Druggist</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Muskogee, Oklahoma</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13. NAME OF HUSBAND OR WIFE <b>Joyce Garland</b>	
13a. FATHER'S NAME <b>Simpson Garland</b>		13b. MOTHER'S MAIDEN NAME <b>Tookah Nevins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>447-18-8515</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Joyce Garland</b>		ADDRESS <b>Rt. 1, Noel, Mo.</b>	
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) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 <b>Not for alive</b> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:30 AM.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Cornor [unclear] 6th + Pearl Joplin</b>	
23c. DATE SIGNED <b>1-8-1958</b>		24. NAME OF CEMETERY OR CREMATORY <b>Anderson Cemetery</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/6/58</b>	
24c. LOCATION (City, town, or county) (State) <b>Anderson, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>[Address]</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>[Address]</b>	

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Date Filed JAN 20 1958

MAR 20 1958

MAR 3 1958

**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 *E. S. Rapp*

Licensed Embalmer No. *3458*

P. O. Address *Anderson, Missouri*

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.