

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013078  
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 1 Primary Registration District No. 5005 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Twp. Pettis (Millard)</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>(Millard) Twn. Pettis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 4 Kirksville, Mo.</u> Length of stay in lb <u>3 Yrs.</u>		d. STREET (If outside, give location) ADDRESS <u>Rt. 4, Kirksville, Mo.</u> Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Martin</u> Middle <u>Elsworth</u> Last <u>Garlock</u>			4. DATE OF DEATH Month <u>April</u> Day <u>24</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 30 1873</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ministry</u>		11. BIRTHPLACE (City and state or country) <u>Gibbs, Adair, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			13. FATHER'S NAME <u>Andrew Jackson Garlock</u>		
14. MOTHER'S MAIDEN NAME <u>Jane Kelly</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Jesse Garlock, Kirksville, Mo.</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>medullary anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr 35 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>coronary thromboses</u>		<u>5 yrs.</u>
	DUE TO (c) <u>arteriosclerotic heart disease</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  
4200

19. WAS AUTOPSY PERFORMED? YES  NO  2

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 <u>5:20</u> a. m. <u>pm</u> Month, Day, Year			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from 6-1956 to 4-24-58 and last saw him alive on 4-24-58.  
Death occurred at 5:20 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. Maddox Do 2</u> (Degree or title)	22b. ADDRESS <u>1071 - Kirksville Mo</u>	22c. DATE SIGNED <u>4-26-58</u>
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23a. BURIAL, CREMATION, REINTERMENT, ETC. <u>Burial</u>	23b. DATE <u>Apr. 27 1958</u>	23c. NAME OF CEMETERY OR INTERMENT PLACE <u>Maple Hills</u>	23d. LOCATION (City, town, or county) (State) <u>Kirksville, Adair, Mo.</u>
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24. FUNERAL DIRECTOR <u>Novak Foster</u> ADDRESS <u>Kirksville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-26-1958</u>	26. REGISTRAR'S SIGNATURE <u>Dora W. Rathoff</u>
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, public services, 0010, 300, 1-56, ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. R. MADDOX

APR 3 1956

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 *Novel E. Foster*

Licensed Embalmer No. 474

P. O. Address Kirksville

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.