

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028533

STATE FILE NUMBER

FILED SEP 11 1958 Registration District No. 68 Primary Registration District No. 5267 Registrar's No. 25

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Christian County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo Christian Co								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN S. Galloway, Twsp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Highlandville, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF DECEASED (If not in hospital, give location) residence, Highlandville, Mo			Length of stay in 1b 20 Yrs		d. STREET ADDRESS (If outside, give location) Highlandville, Mo		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) John Garges				4. DATE OF DEATH Aug 25 1958								
5. SEX Male <input checked="" type="checkbox"/>		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 July 3-1893		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Retired			10b. KIND OF BUSINESS OR INDUSTRY General Store		11. BIRTHPLACE (City and state or country) Nebraska			12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Sanford W Garges					14. MOTHER'S MAIDEN NAME Laura Ann Smith							
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. 496-03-9464		17. INFORMANT Address Mrs Alice Garges, Highlandville, 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) <i>Respiratory Failure</i> DUE TO (b) <i>Pulmonary Tuberculosis</i> DUE TO (c) <i>002X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <i>3-4 years</i>				
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 <i>7/15/58</i> to <i>8/19/58</i> and last saw ^{her} him alive on <i>8/19/58</i> . Death occurred at <i>II:45 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Name or title) <i>Wm M Carmichael</i>					22b. ADDRESS <i>Ozark Mo</i>				22c. DATE SIGNED <i>8/29/58</i>			
23a. BURIAL, CREMATION, REBURY (Specify) <i>Burial</i>		23b. DATE <i>Aug 28-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Spokane Cemetry</i>			23d. LOCATION (City, town, or county) (State) <i>Christian Co Mo</i>					
24. FUNERAL DIRECTOR <i>T. B. Chaffin</i>				ADDRESS <i>Ozark Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Sept 1-1958</i>		26. REGISTRAR'S SIGNATURE <i>Loretta Leonard</i>				

(Licensed Embalmer's Statement on Reverse Side)

59
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NOV 21 1956

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

Student.....
Signature of Student Embalmer

Signed... *T. B. Chaffin*

Licensed Embalmer No. *211*

P. O. Address. *Ozark*

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.