Health, & Welfare Public Service

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S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029522
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lexington Twnsh'p — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3Mi. S.E. Lex. — Length of stay in 1b: ~~life~~ 20 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City 3528 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3421 Highland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: OSCAR — Middle: B. — Last: GARNER JR.

4. DATE OF DEATH: Month: August — Day: 2 — Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: March 15,1927

9. AGE (In years last birthday): 31 — 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): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

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

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

13a. FATHER'S NAME: Oscar B. Garner

13b. MOTHER'S MAIDEN NAME: Theresa McDow

14. NAME OF HUSBAND OR WIFE: Marvel Longdon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes W.W.2

16. SOCIAL SECURITY NO.: 497-28-6335

17. INFORMANT Address: Mrs. Marvel Garner, Kansas City, Mo

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): Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Presumably accidental drowning while swimming in a small farm pond
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 9298 42

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

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

20c. TIME OF INJURY Hour: 5:30 P.M. — Month, Day, Year: 8/2/58

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.): Farm

20f. CITY, TOWN, OR LOCATION: Lexington — COUNTY: Lafayette — STATE: Missouri

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21. I attended the deceased from never, to _____ and last saw her/him alive on _____
Death occurred at 5:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Martin MD Coroner Lafayette County Coroner

22b. ADDRESS: Odessa Mo. ~~Lexington Mo.~~

22c. DATE SIGNED: 8-5-58

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

23b. DATE: Aug.5 1958

23c. NAME OF CEMETERY OR CREMATORY: Machpelah Cemetery

23d. LOCATION (City, town, or county) (State): Lexington Mo.

24. FUNERAL DIRECTOR: Harold L. Walker — ADDRESS: Lexington, Mo.

25. DATE RECD. BY LOCAL REG.: 8-7-58

26. REGISTRAR'S SIGNATURE: Maurice E. Eustebrook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 1 3 1958

SEP 2 2 [illegible]

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, V

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.