

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024201

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	Length of stay in 1b 10 Minutes	c. CITY OR TOWN Mound City	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		d. STREET ADDRESS Rural	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last PERCY FRANKLIN GAREY			4. DATE OF DEATH Month Day Year July 28, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1887	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed	10b. KIND OF BUSINESS OR INDUSTRY Real Estate Broker	11. BIRTHPLACE (City and state or country) Tarkio, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John A. Garey	13b. MOTHER'S MAIDEN NAME Celestia Drago	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. unknown	17. INFORMANT John Garey, St. Joseph, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Shock and Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 35min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DOE TO (b) Self inflicted gunshot wound to chest	1 hr. 35min.
	DOE TO (c) Ill health	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gunshot wound to chest
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20c. TIME OF INJURY 9:45 a.m. Jul. 28, 58	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.) Hiway 181, about 1/2 Mi. West of Mound City,	20f. CITY, TOWN, OR LOCATION Holt County, Missouri
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21. I swear certify the deceased from _____ to _____ and last saw him live on Jul. 28, 1959 Death occurred at 11:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) S. E. Melaney M.D. Coroner	22b. ADDRESS St. Joseph, Missouri	22c. DATE SIGNED 7/28/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE July 31, 1959	23c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery	23d. LOCATION (City, town, or county) (State) No. Mound City, Missouri
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24. FUNERAL DIRECTOR Mitchell-Herman Inc. St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. July 31, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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DOCUMENT

BY AFFIDAVIT OF S. E. Melaney, M.D.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eric J. Cheney*

Licensed Embalmer No. 4679

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.