URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 25 1959

59–031288
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WASH. TOWNSHIP
Length of stay in 1b: 2 YEARS 3 MONTHS 27 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: STATE HOSP #3, NEVADA, MO
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: BARRY CO
c. CITY OR TOWN: EXETER MO
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): —
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: JESSE Middle: — Last: GARNER
4. DATE OF DEATH: Month: AUGUST Day: 15. Year: 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: NOV. 10. 1884
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): IOWA
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: JOSEPH MARION GARNER
13b. MOTHER'S MAIDEN NAME: MARTHA HENRIETTA ERNST
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: HOSP. RECORDS Address: STATE HOSP. #3 NEVADA 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): BRONCHO PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS — MANY YEARS
DUE TO (c): —
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. ☐ Yes ☒ No ☐ Unknown

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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from APR. 19. 1957, to AUGUST 15. 1959 and last saw him alive on AUG. 15. 1959
Death occurred at 11:24 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. C. Bradley M.D. (Degree or title)
22b. ADDRESS: State Hospital #3 Nevada Mo
22c. DATE SIGNED: 8-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-15-59
23c. NAME OF CEMETERY OR CREMATORY: Horner Cemetery
23d. LOCATION (City, town, or county) (State): Barry County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Doyle E. Williamson, Cassville, Mo.
25. DATE RECD. BY LOCAL REG.: 8-21-1959
26. REGISTRAR'S SIGNATURE: Anna E. Berry

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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