IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 18 1960

-60-018568

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton
Length of stay in 1b: 1 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #1
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Richard Middle: Farley Last: Garner
4. DATE OF DEATH: Month: May Day: 15 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 3 1881
9. AGE (last birthday): 79
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: farming
11. BIRTHPLACE (City and state or country): Indiana
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Garner
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT: State Hospital Records, Address: Fulton, 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): Chronic Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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)
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 April 22 1960, to May 15 1960 and last saw ~~him~~ her alive on 5/14/60
Death occurred at 6:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. Kessler M.D. (Degree or title)
22b. ADDRESS: State Hospital#1, Fulton, Mo
22c. DATE SIGNED: 5/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 17 May 1960
23c. NAME OF CEMETERY OR CREMATORY: Elliott Cemetery
23d. LOCATION (City, town, or county) (State): Brunswick Missouri
24. FUNERAL DIRECTOR: Wallace Funeral Home
ADDRESS: Fulton Mo
25. DATE RECD. BY LOCAL REG.: May 15-1960
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(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. 4996

P. O. Address Fulton,

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