

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034165

FILED VS OCT 13 1960

STATE FILE NUMBER

INDEXED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs	Length of stay in 1b 1925	c. CITY OR TOWN Excelsior Springs	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ex. Spgs. Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 110 Ridgeway	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Alice S. Garvin	4. DATE OF DEATH Month Day Year Sept. 22, 1960
--	---

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/22/1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 7 Days 0 Hours 0 Min.	IF UNDER 24 HR Hours 0 Min.
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY School Cafeteria	11. BIRTHPLACE (City and state or country) Wellington, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	--	--	--

13a. FATHER'S NAME August Stultz	13b. MOTHER'S MAIDEN NAME Mary unknown	14. NAME OF HUSBAND OR WIFE William Garvin
--	--	--

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. 493-12-0166	17. INFORMANT Mrs. Don Crumley, Ex. Spgs. MO.	Address 520 Regent
--	---	---	------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage	INTERVAL BETWEEN ONSET AND DEATH sev. days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension	sev. years
DUE TO (c) arteriosclerosis	sev. years

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
---	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year	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 Sept. 12, 1960 to Sept. 22, 1960 last saw her alive on Sept. 22, 1960 Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <i>S. M. Gracker</i> (Degree or title) M. D., Excelsior Springs, Mo.	22b. ADDRESS	22c. DATE SIGNED 10/4/60
--	--------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 24, 1960	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Excelsior Springs, MO.
--	------------------------------------	--	--

24. FUNERAL DIRECTOR Chas. Virgil Hope, Ex. Spgs. Mo.	ADDRESS 9/30/60	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>
---	---------------------------	------------------------------	--

Licensed Embalmer's Statement on Reverse Side

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Chas. Vergil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Sp

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.