RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 9 1960

-60-046967
STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 58

DED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ocie
Length of stay in 1b: 2 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print): First: HOSEA Middle: EARL Last: GARVER
4. DATE OF DEATH: Month: Dec. Day: 11 Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/1/1907
9. AGE (last birthday): 53
IF UNDER 1 YEAR: Months: 5 Days: 10
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): Arkansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Fred Garver
13b. MOTHER'S MAIDEN NAME: Daisy McCane
14. NAME OF HUSBAND OR WIFE: Virginia Garver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ray Garver Address: 1337 E. Sunshine Springfield, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
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: Instant
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 _____, to _____ and last saw ~~him~~ her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John R. Clary (Degree or Title): Coroner
22b. ADDRESS: Gainesville Mo.
22c. DATE SIGNED: 12-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12/14/60
23c. NAME OF CEMETERY OR CREMATORY: Helphrey Cemetery
23d. LOCATION (City, town, or county) (State): Taneyville, Mo

24. FUNERAL DIRECTOR ADDRESS: Forsyth Funeral Home, Forsyth, Mo
25. DATE REC'D. BY LOCAL REG.: 12-15-60
26. REGISTRAR'S SIGNATURE: Thaud Mahan

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Walter Cobb

Signature of Student Embalmer

Licensed Embalmer No. 473

P. O. Address Bramo

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