

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008555

STATE FILE NUMBER

140

3024

28

AMENDED

Registration District No. **FILED VS FEB 28 1961**

Primary Registration District No.

Registrar's No.

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in 1b 4 years	c. CITY OR TOWN Sturgeon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Haven Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Alice Last Garnett			4. DATE OF DEATH Month Feb Day 22 Year 1961		
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5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/19/1867	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months 0 Days 3	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) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ohio State	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Samuel J. Bowne	13b. MOTHER'S MAIDEN NAME Nancy Appelman	14. NAME OF HUSBAND OR WIFE deceased
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Harold Garnett, Boonville, Mo.	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pneumonia, hypostatic		7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac failure		20 days
DUE TO (c) Arteriosclerotic heart disease		unknown
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 checked="" 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.)
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20c. TIME OF INJURY Hour A 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
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21. I attended the deceased from June 1 1957 to Feb 22 1961 and last saw her alive on Feb 5 1961 Death occurred at 3:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Francis A. Adams MD	(Degree or title)	22b. ADDRESS Fayette, Mo	22c. DATE SIGNED 2-24-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 24, 1961	23c. NAME OF CEMETERY OR CREMATORY Appelman Chapel	23d. LOCATION (City, town, or county) (State) NW of Centralia, Mo.
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24. FUNERAL DIRECTOR Buel S. Meads	ADDRESS Sturgeon, Missouri	25. DATE RECD. BY LOCAL REG. 2-24-61	26. REGISTRAR'S SIGNATURE Katherine Welch
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MAR 2 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____

Signature of Student Embalmer

Signed

Burr J. Meador

Licensed Embalmer No.

4876

P. O. Address

Sturgeon, Miss

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