MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028051
STATE FILE NUMBER

AMENDED

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 58

FILED JUL 26 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Dexter — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 112 E. Castor — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Stoddard
c. CITY OR TOWN: Dexter — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 112 E. Castor — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Manerva Middle: E. Last: Garner

4. DATE OF DEATH: Month: July Day: 1 Year: 1961

5. SEX: female

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-29-1881

9. AGE (last birthday): 80

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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (City and state or country): Dexter, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James M. Riddle

13b. MOTHER'S MAIDEN NAME: Evaline Ezell

14. NAME OF HUSBAND OR WIFE: Noah Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): X X X X X X X

16. SOCIAL SECURITY NO.: X

17. INFORMANT: Noah Garner Address: Dexter, 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): Acute Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Dehydration – Malnutrition — 4 weeks.
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 Feb. 1961, to June 27, 1961 and last saw her/him alive on June 27, 1961

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D.O.

22b. ADDRESS: Dexter, Mo.

22c. DATE SIGNED: 7/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 7-3-61

23c. NAME OF CEMETERY OR CREMATORY: Dexter Cemetery

23d. LOCATION (City, town, or county) (State): Dexter, Mo.

24. FUNERAL DIRECTOR: Watkins & Sons ADDRESS: Dexter, Mo.

25. DATE RECD. BY LOCAL REG.: 7/20/61

26. REGISTRAR'S SIGNATURE: Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

AUG 4 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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

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.