SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-041657
STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 198

FILED NOV 20 1961

1. PLACE OF DEATH
a. COUNTY Livingston

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Livingston

b. CITY OR TOWN Chillicothe — Length of stay in 1b

c. CITY OR TOWN Chillicothe — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1209 Northwood. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MILDRED Middle VERLEE Last GARBER

4. DATE OF DEATH Month Nov. Day 5th Year 1961.

5. SEX Female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 5/5/1927

9. AGE (last birthday) 34

IF UNDER 1 YEAR: Months 6 Days 0 — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Lambert Glove

10b. KIND OF BUSINESS OR INDUSTRY factory

11. BIRTHPLACE (City and state or country) Tina, Missouri.

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

13a. FATHER'S NAME Ona Corf.

13b. MOTHER'S MAIDEN NAME Leta (Sperry) Corf.

14. NAME OF HUSBAND OR WIFE Earl Garber, deceased.

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

INFORMANT Mrs Ona Corf, Address Tina, Missouri.

MEDICAL CERTIFICATION

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)	Shock	immed
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hemmorhage	immed
DUE TO (c)	Gun Shot Wound in head	immed

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.) Self inflicted Gun Shot Wound

20c. TIME OF INJURY Hour 12:30 p.m. Month, Day, Year 11-5-61

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.) home

20f. CITY, TOWN, OR LOCATION chillicothe COUNTY Livingston STATE Mo

21. I attended the deceased from never to never and last saw her/him alive on

Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. B. Webber (Degree or title) Do.

22b. ADDRESS 901 Jackson Chillicothe Mo.

22c. DATE SIGNED 11-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/8/1961

23c. NAME OF CEMETERY OR CREMATORY Coloma cemetery

23d. LOCATION (City, town, or county) Tina, Missouri. (State)

24. FUNERAL DIRECTOR Clifford W. Austin F-H ADDRESS Tina, Mo.

25. DATE RECD. BY LOCAL REG. Nov. 8, 1961

26. REGISTRAR'S SIGNATURE Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

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 Clifford W. Austin

Licensed Embalmer No. #3233.

P. O. Address Tina, Missouri

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.