

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25701**

FILED AUG 11 1953

REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centertown, Mo Marion	
c. LENGTH OF STAY (in this place) 9 Days		d. STREET ADDRESS (If rural, give location) Centertown, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital			
3. NAME OF DECEASED (Type or Print) Lloyd Garnett		4. DATE OF DEATH (Month) (Day) (Year) July 30 1953	
a. (First) Lloyd b. (Middle) Garnett c. (Last)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 20, 1866
9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months 8 Days 10	IF UNDER 24 HRS. Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ruben Garnett		13b. MOTHER'S MAIDEN NAME Jane Hayter	
14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Earl Stoulin		ADDRESS Centertown Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture left hip INTERVAL BETWEEN ONSET AND DEATH July 20 1953 ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Chronic myocardial changes and arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 90 30 20	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Walker Twp Moniteau Co (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 20 53 12 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Slipped and fell on floor in house.			
22. I hereby certify that I attended the deceased from July 20, 1953 , to July 30, 1953 , that I last saw the deceased alive on July 29, 1953 , and that death occurred at 1 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Earl Stoulin M.D.		23b. ADDRESS California	
23c. DATE SIGNED 7/31/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/1/53	
24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Centertown, Mo Rural.	
DATE REC'D BY LOCAL REG. 8/6/53		REGISTRAR'S SIGNATURE H. L. Popyoy H. L. P.	
25. FUNERAL DIRECTOR'S SIGNATURE Earl Stoulin		ADDRESS California	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Student Embalmer

Signed Paul Bowlin

Licensed Embalmer No. 2126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.