

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37884

State File No. ....

FILED NOV 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 94

05820

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY OR TOWN <u>Richmond</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Bert</u> b. (Middle) <u>(n)</u> c. (Last) <u>Garnier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 8, 1883</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mining</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Gideon Garnier</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Freestone</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>No</u>   <u>None</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert O'Dell, Richmond, Mo</u>		ADDRESS <u>Richmond, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Bronchopneumonia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-22</u> , 19 <u>54</u> , to <u>11-3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-3</u> , 19 <u>54</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>J. D. Crozier, M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>11-8-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 7, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-10-54</u>		REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. ...</u>		ADDRESS <u>Richmond, Missouri</u>	

FEB 7 1958

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, *George L. Lyle*.....  
Licensed Embalmer No. *406*

P. O. Address *Richmond*.....

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.