Aquino
No. 300
10-48

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

FILED JUN 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16781

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (in this place): 48 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1009 Beckwith

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
d. STREET ADDRESS (If rural, give location): 1009 Beckwith

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): BENJAMIN
c. (Last): GARRETT

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 12, 1877
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trader
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Crockett, Co., Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John B. Garrett
13b. MOTHER'S MAIDEN NAME: Nancy Davidson
14. NAME OF HUSBAND OR WIFE: x

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME: George Garrett — ADDRESS: Caruthersville, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): -
DUE TO (c): -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: -

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19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? YES ☐ NO ☒

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): Caruthersville, Pemiscot, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: -

22. *I hereby certify that I attended the deceased from* May 22, 1949, *to* May 23, 1949, *that I last saw the deceased alive on* May 23, 1949, *and that death occurred at* 3:07P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. J. Aquino, M.D.
23b. ADDRESS: Caruthersville, Mo.
23c. DATE SIGNED: 6-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 25, 1949
24c. NAME OF CEMETERY OR CREMATORY: Little Prairie
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

DATE REC'D BY LOCAL REG.: 6-4-1949
REGISTRAR'S SIGNATURE: Tressie B. Wilks
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25. FUNERAL DIRECTOR'S SIGNATURE: H. S. Smith Funeral Home — ADDRESS: Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

6-49-148

MAR 29 1957

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caribou, Me.

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.