

No. 300
10-48

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17271**
Registrar's No. **4252**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 131 North Mail St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Pacific Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MEALE	b. (Middle) JAMES	c. (Last) GARRETT	4. DATE OF DEATH (Month) (Day) (Year) May 11 1949
-------------------------------------	-------------------------	--------------------------	--------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) ever married	8. DATE OF BIRTH June 8, 1900	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	-----------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman	10b. KIND OF BUSINESS OR INDUSTRY G.M. & O. R.R.	11. BIRTHPLACE (State or foreign country) Musselfork, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	---	---

13a. FATHER'S NAME James Wesley Garrett	13b. MOTHER'S MAIDEN NAME Prudence Brooks	14. NAME OF HUSBAND OR WIFE None
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) Yes World War II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lola F. Bennett	ADDRESS 422 N. Elm, Slater,
--	---	--	---------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 8 days
	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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) Slater, Saline, Mo.
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Heart
--	--	--

22. I hereby certify that I attended the deceased from **5/4**, 19**49**, to **5/11**, 19**49**, that I last saw the deceased alive on **5/11**, 19**49**, and that death occurred at **2:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas J. Fitzpatrick, M.D.	23b. ADDRESS 1755 S. Grand, St. Louis, Mo.	23c. DATE SIGNED 5/11/49
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-13-49	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Slater, Mo.
--	-----------------------------	---	---

DATE REC'D. BY LOCAL HEALTH DEPT. MAY 12 1949	REGISTRAR'S SIGNATURE J. B. Farater	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
---	---	--	---

FEB 1 1950

JUN 28 1949

JUN 1 1950

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edmund H. Remelius

Licensed Embalmer No. 4283

P. O. Address _____

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.