

FILED NOV 22 1949

STANDARD CERTIFICATE OF DEATH

4031 State File No. 36276

BIRTH NO. _____ REG. DIST. NO. 4031 PRIMARY REG. DIST. NO. 30 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Adrian		c. CITY (If outside corporate limits, write RURAL and give township) Adrian	
c. LENGTH OF STAY (in this place) 7 years		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) Belle c. (Last) Garrett			4. DATE OF DEATH (Month) (Day) (Year) Nov 17 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 4 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Gallatin Mo.	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME Emanuel Ground		13b. MOTHER'S MAIDEN NAME Florence Balch		14. NAME OF HUSBAND OR WIFE Charles W. Garrett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME James Garrett ADDRESS Adrian 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; ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
ANTECEDENT CAUSES		DUE TO (b) Chronic endocarditis		4 hrs. +	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		4201	

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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **11-11**, 1945, to **11-17**, 1949, that I last saw the deceased alive on **11-17**, 1949, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. S. Colson (Degree or title) D.O.		23b. ADDRESS Adrian Mo.		23c. DATE SIGNED 11-18-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-20-49		24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.	
				24d. LOCATION (City, town, or county) Adrian Mo. (State) _____	

DATE REC'D BY LOCAL REG. 11-19-49		REGISTRAR'S SIGNATURE Myra Owens		25. FUNERAL DIRECTOR'S SIGNATURE Creath & Sitt ADDRESS Adrian Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7
District

District File Number 10-49-1382

Date Filed 11-21-49

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 and

Fred J. Gerecht 2343

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Adrian Mo

Licensed Embalmer No. 2650

P. O. Address Adrian Mo

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.