

FILED MAY 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11888

201

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 27

1. PLACE OF DEATH  
 a. COUNTY Cedar  
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Dorado Springs  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 307 South Sumner St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
 a. STATE Missouri b. COUNTY Cedar  
 c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 0201 El Dorado Springs  
 d. STREET ADDRESS (If rural, give location) 307 South Sumner St.

3. NAME OF DECEASED  
 a. (First) Ralph b. (Middle) L. c. (Last) Garrett

4. DATE OF DEATH (Month) (Day) (Year)  
May 3, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH  
Aug. 30, 1895

9. AGE (In years, months, days, hours, minutes)  
55 Months 0 Days 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Milan, Mo.

12. CITIZEN OF WHAT COUNTRY?  
U.S.C.

13a. FATHER'S NAME  
Thomas W. Garrett

13b. MOTHER'S MAIDEN NAME  
Rosa Han

14. NAME OF HUSBAND OR WIFE  
Georgia Lane H

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
Yes. (W.W. #1)

16. SOCIAL SECURITY NO.  
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Georgia Lane H 393 South Sumner El Dorado Springs

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary occlusion  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Angina Pectoris  
 DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
sudden  
Abt. 1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
4202

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)  
El Dorado Springs, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 3, 1951 to May 3, 1951, that I last saw the deceased alive on May 3, 1951, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (If nurse or title)  
A. Sunderwirth D.O.

23b. ADDRESS  
El Dorado Springs, Mo.

23c. DATE SIGNED  
May 5, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
5-7-51

24c. NAME OF CEMETERY OR CREMATORY  
Clintonville

24d. LOCATION (City, town, or county) (State)  
El Dorado Springs, Mo.

DATE REC'D BY LOCAL REG.  
MAY 5, 1951

REGISTRAR'S SIGNATURE  
W. J. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
W. J. ... El Dorado Springs, Mo.

(Licensed Embalmer's Attachment on Reverse Side)

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 8 1951

Dist. File 237-9125

Date Filed 5-9-51

MAY 21 1951

MAY 15 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Max W. Richering

Licensed Embalmer No. 4698

P. O. Address Cl. Donaldson

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.