

FILED JUL 6- 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19665

BIRTH NO. _____		REG. DIST. NO. 1060		PRIMARY REG. DIST. NO. 4116		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Chariton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sumner		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sumner		0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) W. c. (Last) Garrett			4. DATE OF DEATH (Month) (Day) (Year) June 7-1951				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH MARCH 30-1885		9. AGE (In years last birthday) 66	if UNDER 1 YEAR Months 2 Days 8	if UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR. laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Livingston Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Garrett			13b. MOTHER'S MAIDEN NAME Evelina hewellin		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Miss hene Garrett			
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) Chronic Interstitial Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) age & alcohol (probably) 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 2 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 592x				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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 1951 , to June 7, 1951 , that I last saw the deceased alive on 6-6-1951 , and that death occurred at 7:24 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W.B. Simpson M.D.				23b. ADDRESS Brookfield Mo		23c. DATE SIGNED 6-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/9/51	24c. NAME OF CEMETERY OR CREMATORY LAKESIDE		24d. LOCATION (City, town, or county) (State) Sumner Mo		
DATE REC'D BY LOCAL REG. 6-13-50		REGISTRAR'S SIGNATURE Maud Wright 491		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S.L. Kipard Mendon Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

SEE 2-10-51

Date Received: JUL 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1218
Date Filed: JUL 5 1951

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:

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. _____

Student
Student Embalmer

Signed S. L. Leopard

Licensed Embalmer No. 3978

P. O. Address Mendon W.

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.