

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

560

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson <u>5</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson <u>3918</u>	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) 7507 Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of The Poor			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY	b. (Middle) BOYLE	c. (Last) GARRETT	4. DATE OF DEATH (Month) (Day) (Year) 2 5 1952
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5. SEX Male <u>♂</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	8. DATE OF BIRTH Aug. 30 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brookfield, Mo. Linn	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Garrett, Harvey	13b. MOTHER'S MAIDEN NAME Mariah (Gill) ...	14. NAME OF HUSBAND OR WIFE Catherine Garrett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-16-4951	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geraldine Carey, 7507 Harrison
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Does not mean the manner of dying, such as asphyxiation, asphyxia, strangulation, or suffocation. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		20 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis		
DUE TO (c) Senile Dementia		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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-20, 1951, to 2/5/52, 1952, that I last saw the deceased alive on 2/4/52, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Foga	23b. ADDRESS 402 Withman Bldg. 2 DO	23c. DATE SIGNED 2/5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal <u>4</u>	24b. DATE 2/6/52	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.
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DATE REC'D BY LOCAL REG. 2-5-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Joseph A. Fogarty
Witham Bldg. 3100 Front
1-6-

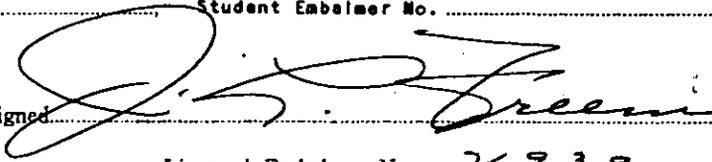
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Student Embalmer No.

Signed 

Licensed Embalmer No. 2939

P. O. Address F. O. M.

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 4985
Local Registrar's No. 560

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19 day of February, 1952, before me appears Geraldine Carey, who, upon her oath, states that the original record of ~~her~~ death for Henry Garrett died February 5, 1952, in the State of Missouri, and which was filed at Kansas City on 2/5, 1952, should be corrected as follows:

Item No. 8 should read August 30, 1869

Instead of August 3, 1869

Item No. 11 should read Linneus, Missouri

Instead of Brockfield, Missouri

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Geraldine Carey Daughter Relationship.

7507 Harrison, Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 19 day of February, 1952.

My Commission expires April 4, 1952 Helen L. Gilman Notary Public.

1952

S-4985