

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5253

State File No. ....

16789-54

No. 300  
10-48

BIRTH NO. FILED MAR 10 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY. <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JASPER</b>	
b. CITY OR TOWN <b>WEBB CITY</b>	c. LENGTH OF STAY (In this place) <b>5 HRS.</b>	c. CITY OR TOWN <b>DUENWEG</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JANE CHINN HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>JOPLIN TOWN</b>	

3. NAME OF DECEASED (Type or Print) <b>JOHNNY</b>	a. (First)	b. (Middle) <b>LEE</b>	c. (Last) <b>GARRETT</b>	4. DATE OF DEATH <b>FEB 23 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB 23, 1954</b>	9. AGE (In years last birthday) <b>—</b>	IF UNDER 1 YEAR Months <b>—</b>	IF UNDER 1 HR. Days <b>—</b>	IF UNDER 1 MIN. Hours <b>5</b> Mins. <b>35</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WEBB CITY, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>LEE GARRETT</b>	13b. MOTHER'S MAIDEN NAME <b>MARCELLA WISE</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LEE GARRETT</b>	ADDRESS <b>DUENWEG</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anemia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature</b> 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 <b>776 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Birth, 19, to death, 19, that I last saw the deceased alive on 2-23-, 1954, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>P. S. Mahoney, DO</b>	(Degree or title)	23b. ADDRESS <b>Joplin Mo</b>	23c. DATE SIGNED <b>3-1-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>FEB 25, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OLARK MEM PARK JOPLIN</b>	24d. LOCATION (City, town, or county) (State) <b>MO</b>
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DATE REC'D BY LOCAL REG. <b>3-1-54</b>	REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	474	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert Glover</b>	ADDRESS <b>Joplin</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MA  
Jasper County He  
County File Number 3  
Date Filed MAR

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Dale Green*.....

Licensed Embalmer No. *45*.....  
P. O. Address *Joplin*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.