

FILL AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23579

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>5667</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY OR TOWN <u>Troy Rural</u>		c. LENGTH OF STAY (in this place) <u>3MO.</u>		c. CITY OR TOWN <u>Troy</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp.</u>				STREET ADDRESS (If rural, give location) <u>No Street Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry H</u>		b. (Middle) <u>Hunt</u>		c. (Last) <u>Garrett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 10, 1871</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Troy, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Levi Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Schuchman Garrett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna S. Garrett Troy, Missouri</u>			
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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coe Pulmonale</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Emphysema bilateral</u> <u>1 year</u></p> <p>DUE TO (c) <u>Chronic Bronchitis</u> <u>years.</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> <u>years.</u></p>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>Sept 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostatic Hypertrophy</u>					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 <u>Oct 22</u> , 19 <u>52</u> , to <u>July 21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 20</u> , 19 <u>54</u> , and that death occurred at <u>7:20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Norman K. Merschauer M.D.</u>				23b. ADDRESS <u>Troy Mo</u>		23c. DATE SIGNED <u>July 24, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-31-1954</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kemper Funeral Home Troy, Missouri.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0570  
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JAN 23 1959

AUG 16 1954

APR 26 1955

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, ~~XXXX~~....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph J. Marsh*  
Licensed Embalmer No. 3932..

P. O. Address Troy, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Falsely 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.