No. 300
10.48

460
0

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21980

FILED AUG 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO 4232 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Willow Springs
c. LENGTH OF STAY (In this place) 12 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Willow Springs General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN Willow Springs
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location)

0460
0

3. NAME OF DECEASED (Type or Print)
a. (First) Effie
b. (Middle) Sloan
c. (Last) GARRETT

4. DATE OF DEATH (Month) (Day) (Year) July 25, 1955

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 7, 1874
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 6 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Coffeyville, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James P. Sloan
13b. MOTHER'S MAIDEN NAME Unk.
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. --
17. INFORMANT'S SIGNATURE OR NAME Sloan Garrett, Willow Spgs., Mo. ADDRESS

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA BILATERAL LOBAR — INTERVAL BETWEEN ONSET AND DEATH: ONE DAY

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) DECOMPENSATION MYOCARDIAL — 6 MONTHS
DUE TO (c) 490X

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 ☐ 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 _____, 19__, to* 7-25-55, *19__, that I last saw the deceased alive on* 7-25-55, *19__, and that death occurred at* 10:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Dr. M. B. Perkins, MD
23b. ADDRESS Willow Springs, Mo.
23c. DATE SIGNED 7-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-27-55
24c. NAME OF CEMETERY OR CREMATORY Oak Lawn
24d. LOCATION (City, town, or county) (State) West Plains, Mo.

DATE REC'D BY LOCAL REG. 7/29/55
REGISTRAR'S SIGNATURE Marihalee Ballard 3877
25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home, Willow Spgs., Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Spgs.

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