

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32994**

FILED OCT 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Downing</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 HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial</u>		e. STREET ADDRESS (If rural, give location) <u>09801</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elza</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Garrett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 12, 1889</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u> IF UNDER 1 HR. Hours <u>4</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ran Grist Mill</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Peter Garrett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Parks</u>	14. NAME OF HUSBAND OR WIFE _____
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Cleo Garrett</u> ADDRESS <u>Downing, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS 'Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus, uncontrolled</u>		<u>2-3 mo.</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	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) _____ 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 10-13, 1956, to 10-16, 1956, that I last saw the deceased alive on 10-16, 1956, and that death occurred at 5:22 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. H. Hudson</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Kirkville, Mo.</u>	23c. DATE SIGNED <u>10-17-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground</u>	24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-17-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Moore Funeral Home, Downing, Mo.</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Neal Payne*.....

Licensed Embalmer No. *2550*

P. O. Address *7 Main St*

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.