

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34770

State File No. ....

FILED OCT 30 1956

BIRTH NO. .... REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 362

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal, Missouri</b>		c. CITY OR TOWN <b>Center, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>Center, Missouri.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Becky Thatcher Rest Home</b>			
3. NAME OF DECEASED a. (First) <b>ADA</b>		b. (Middle) <b>GARNETT</b>	
c. (Last) <b>GARNETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 16, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 6, 1875</b>
9. AGE (In years) (last birthday) <b>81</b>		if UNDER 1 YEAR <b>4</b> Months <b>10</b> Days	if UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Ralls County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Shulse</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Whitamore</b>	
14. NAME OF HUSBAND OR WIFE <b>A.S. Garnett</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dee Shulse</b> ADDRESS <b>Center, Missouri.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Ch. psychosis</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>600.0</b>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:00 P.M.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>		23b. ADDRESS <b>Hannibal, Missouri.</b>	
23c. DATE SIGNED <b>10-18-56</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>10-18-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Norton Cemetery.</b>	
24d. LOCATION (City, town, or county) (State) <b>Ralls County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clyde C. Wilkey, Inc.</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>10-24-56</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

RECEIVED OCT 29 1956  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 29 1956

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 *Clyde Wilkey*.....

Licensed Embalmer No. *382*.....

P. O. Address *Terry, Mo.*.....

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.