

FILED NOV 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. **38475**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Carthage	c. LENGTH OF STAY (In this place) 4 hrs	c. CITY OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital		d. STREET ADDRESS (If rural, give location) 503 S. Fulton St	

3. NAME OF DECEASED (Type or Print) a. (First) FLORA	b. (Middle) ANN	c. (Last) GARRETSON	4. DATE OF DEATH (Month) (Day) (Year) Nov 14, 1956
----------------------------------------------------------------	------------------------	----------------------------	--------------------------------------------------------------

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5, 1875	9. AGE (In years last birthday) 81	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MRS. Hours	# UNDER 1 MRS. Min.
----------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	--------------------------	------------------------	-------------------------	------------------------

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

13a. FATHER'S NAME Sampson Swingle	13b. MOTHER'S MAIDEN NAME Betty Willet	14. NAME OF HUSBAND OR WIFE Eugene Garretson
-------------------------------------------	-----------------------------------------------	-----------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Taylor Garretson, Rte 1, Reeds, 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, asthma, 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) PERITONITIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PER PLATED VISCUS DUE TO (c) Carcinoma of caecum		
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 153x	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) (Min.)	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 11-14, 1956, to 11-15, 1956, that I last saw the deceased alive on 11-15, 1956, and that death occurred at 3:05pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] - MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 11-15-56
----------------------------------------------------------	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 17, 1956	24c. NAME OF CEMETERY OR CREMATORY Jasper Cemetery	24d. LOCATION (City, town, or county) (State) Rte 3, Carthage, Mo
---------------------------------------------------------	-------------------------------	-----------------------------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 11-16-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
------------------------------------------	------------------------------------------	----------------------------------------------------------------------	---------

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed NOV 25 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
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Parthage, W

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 this body is not embalmed, fact should be so stated above.