

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41473

STATE FILE NUMBER

5217

FILED DEC 21 1956

13560 76 843 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 4011-MYRTLE	

3. NAME OF DECEASED (Type or print) DEBRA SUE GARRETT			4. DATE OF DEATH 12 2 56				
5. SEX F	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 21-56		9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) N. C. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13. FATHER'S NAME DON GARRETT		14. MOTHER'S MAIDEN NAME MAXINE JOHNSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT DON GARRETT. 4011 myrtle Address			

18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Mitral Valve Failure			INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Transposition Great Vessels, heart Congenital		Congenital Heart Disease
	DUE TO (c) Congenital Heart Disease		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 12-2-56 to 12-2-56 and last saw her alive on 12-2-56. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deed or title) Mr. Robert C. Jeffries M.D. 6714 Brookside Plaza		22b. ADDRESS	
		22c. DATE SIGNED	

23a. BURIAL CREMATION REMOVAL (Specify) DEC		23b. DATE Dec 3-56		23c. NAME OF CEMETERY OR CREMATORY ARCADIA KAN.		23d. LOCATION (City, town, or county) ARCADIA KANSAS (State)	
24. FUNERAL DIRECTOR SHEIL FUNERAL HOME N.C. Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 12-2-56		26. REGISTRAR'S SIGNATURE never missall	

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Robert C. Jeffries

MEDICAL CERTIFICATION

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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.....

Licensed Embalmer No. 360

P. O. Address K. C. M.

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