THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 41981

FILED DEC 31 1956

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 611 Missouri — Length of stay in 1b 25 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg — Inside Limits Yes X No ☐
d. STREET ADDRESS 611 Missouri (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Russell Middle Last Garnett

4. DATE OF DEATH Month Day Year December 22, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 20 Nov 1878
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY Private Practice
11. BIRTHPLACE (City and state or country) Sweet Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward P. Garnett
14. MOTHER'S MAIDEN NAME Anna Bird Garnett

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. 495-36-5086
17. INFORMANT Address Mrs. Russell Garnett, Warrensburg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusion — 5 min
DUE TO (c) Coronary Atherosclerosis 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Lobar Pneumonia - Right lower lobe
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to 11-22-56 and last saw her/him alive on 11-22-56
Death occurred at 1:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Keith D. Jones, MD (Degree or title)
22b. ADDRESS Warrensburg Mo
22c. DATE SIGNED 11-24-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 24 Dec 56
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill
23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. Dec. 24, 1956
26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John P. Lodgers

Licensed Embalmer No. 4963

Warrensburg, Missouri
P. O. Address.....

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.