

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043209

STATE FILE NUMBER

DEC 16 1958

Registration District No. 27

Primary Registration District No. 5078

Registrar's No. 168

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|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Bates</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Deepwater twp.</i> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <i>Butler</i> 66700 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>10 Mi. E on SR 1 Mi. N on</i> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <i>R 7 Q. 6</i> |
| 3. NAME OF DECEASED (Type or print) First <i>Ray</i> Middle <i>Edwin</i> Last <i>Garrett</i> | | 4. DATE OF DEATH Month <i>12</i> Day <i>8</i> Year <i>1958</i> | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>5-17-1888</i> |
| 9. AGE (In years last birthday) <i>70</i> | | 10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | 11. BIRTHPLACE (City and state or country) <i>Jericho, Springs, Mo.</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | 13. NAME OF HUSBAND OR WIFE <i>Marvie Garrett</i> | |
| 13a. FATHER'S NAME <i>W. G. Garrett</i> | | 13b. MOTHER'S MAIDEN NAME <i>Emma Welch</i> | |
| 14. NAME OF DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 17. INFORMANT <i>Marvie E. Garrett</i> Address <i>Butler Mo.</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> DUE TO (b) <i>Atherosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i> |
| 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"/> <i>2</i> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <i>None</i> <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 _____ a.m. _____ p.m. <i>None</i> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Butler, Mo.</i> | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ <i>1 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deceased or title) <i>Douglas C. Howard M.D. Coroner</i> | | 22b. ADDRESS <i>Butler, Mo.</i> | |
| 22c. DATE SIGNED <i>12-9-58</i> | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>Dec. 13-1958</i> | |
| 23c. NAME OF CEMETERY OR CREMATORY <i>Oakhill Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>Butler, Mo.</i> | |
| 24. FUNERAL DIRECTOR <i>Andrew Underwood</i> | | 25. DATE RECD. BY LOCAL REG. <i>Dec. 13-1958</i> | |
| 26. REGISTRAR'S SIGNATURE <i>Russell Komy</i> | | 26. REGISTRAR'S SIGNATURE | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 24 1959

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 *Robert D Steinbuch*

Licensed Embalmer No. *4657*

P. O. Address *Butte, Me*

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.