RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036815

STATE FILE NUMBER

FILED VS OCT 26 1959

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 111

NDED

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b: 12 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 613 South Main — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 613 South Main — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Mildred Blanche Raymond Garrett

4. DATE OF DEATH Month Day Year: October 22, 1959

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/5/1910
9. AGE (last birthday): 49 — IF UNDER 1 YEAR Months 0 Days 17 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Recepthonist & assistant
10b. KIND OF BUSINESS OR INDUSTRY: in doctor's office
11. BIRTHPLACE (City and state or country): Brunswick, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William H. Raymond
13b. MOTHER'S MAIDEN NAME: Florence Manley
14. NAME OF HUSBAND OR WIFE: W.W. Garrett

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.: 487-01-3812
17. INFORMANT Address: W.W. Garrett, Brookfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac arrest	Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Severe Coronary accident	3½ hrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 July 3, 1952, to Oct. 22, 1959 and last saw her/him alive on Oct. 22, 1959
Death occurred at 1:31AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John F. White D.O. — John F. White, D.O.
22b. ADDRESS: Brookfield, Missouri
22c. DATE SIGNED: 10/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 23, 1959
23c. NAME OF CEMETERY OR CREMATORY: Elliott Grove Cemetery
23d. LOCATION (City, town, or county) (State): Brunswick, Missouri

24. FUNERAL DIRECTOR ADDRESS: Hill Funeral Home, Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 10-23-59
26. REGISTRAR'S SIGNATURE: Katharine Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

US NOV 4 1959

JAN 12 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address Brown

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