

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041816

FILED VS. NOV 29 1960

141 Primary Registration District No. 3025- Registrar's No. 162

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Petersville</u>		Length of stay in 1b <u>75 yrs</u>	c. CITY OR TOWN <u>Petersville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <input checked="" type="checkbox"/> <u>Petersville</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jahue</u> Middle <u>Sampson</u> Last <u>Garrett</u>			4. DATE OF DEATH Month <u>11</u> Day <u>3</u> Year <u>60</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/16-85</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Petersville, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>P.O. Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Daniels</u>		14. NAME OF HUSBAND OR WIFE <u>Ormal Garrett, Petersville, Mo</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go on or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT <u>Ormal Garrett, Petersville, Mo</u>	Address
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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) <u>Cholemia</u>		<u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Biliary Cirrhosis</u>	<u>6 years</u>
	DUE TO (c) <u>Liver Regeneration</u>	<u>10 years</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ascites hepatomegally</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ a.m. _____ p.m. Month, Day, Year _____	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 11-27-1959 to 11-2-1960 and last saw ^{her}him alive on 11-2-1960
Death occurred at 7:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>Murray D. Pritchard D.O.</u>		22b. ADDRESS <u>913 1st Main West Plains, Mo.</u>	22c. DATE SIGNED <u>11-22-60</u>
23a. BURIAL CREMATION REMOVAL (Specify)	23b. DATE <u>11/6/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Petersville</u>	23d. LOCATION (City, town, or county) (State) <u>Petersville Mo</u>
24. FUNERAL DIRECTOR <u>Laborers, West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-26-60</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____; Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *D. D. Roberts*

Licensed Embalmer No. 3132

P. O. Address West 16

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.