

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042513

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 4476 Registrar's No. 135

FILED NOV 1 1963

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Downing		c. CITY OR TOWN Downing	
Length of stay in 1b 8 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Eva Myrtle Garrett			4. DATE OF DEATH October 25, 1963		
First	Middle		Last	Month	Day Year

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-28-1890	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 1 Days 27	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bible Grove, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME Joseph Saulsbury		13b. MOTHER'S MAIDEN NAME Sally Purvis		14. NAME OF HUSBAND OR WIFE Gordon Garrett Dec'd	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Henry Miller-Downing, Mo.		Address	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		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. <input type="checkbox"/> Yes <input checked="" 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.) <i>Information from family on deceased's records of illness from stress</i>	
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20c. TIME OF INJURY Hour 10:00 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		Month, Day, Year	
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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.)		20f. CITY, TOWN, OR LOCATION Downing, Mo.		COUNTY		STATE	
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the data stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Alton C. Leifer Sheriff</i>		22b. ADDRESS Concepcion, Mo.		22c. DATE SIGNED 10/31/63	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 27, 1963		23c. NAME OF CEMETERY OR CREMATORY Camp Ground Cemetery		23d. LOCATION (City, town, or county) Downing, Mo.		(State)	
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24. FUNERAL DIRECTOR Moore Funeral Home-Downing, Mo.		25. DATE RECD. BY LOCAL REG. Oct 27, 1963		26. REGISTRAR'S SIGNATURE <i>Alton C. Leifer</i>	
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DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 **0980**

2 **0980**

3

4 **1**

5 **2**

6

7 **0**

8 **0**

9 **1201**

10

11

12 **90-8**

13 **10**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

112-210-1011

Permit issued 10/27/63

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 P. E. PAYNE Student Embalmer No. 701

working under my personal supervision.

Student *P. E. Payne*
Signature of Student Embalmer

Signed *Neal Payne*

Licensed Embalmer No. 2550

P. O. Address Memphis, Mo.

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.