

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049175

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 509

STATE FILE NUMBER

FILED DEC 26 1963

VS 300  
Rev. 4/59

1 1940

2 2671

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4 1

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12 93-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington/St. Francois</b>		c. CITY OR TOWN <b>East Prairie</b>	
Length of stay in 1b <b>1 Week &amp; 1 day</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location). HOSPITAL OR INSTITUTION <b>Farmington/Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>714 O'Bryan</b>	
3. NAME OF DECEASED (Type or print) First <b>Pearl</b> Middle <b>Marie</b> Last <b>Garrett</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>27</b> , Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-25-1912</b>
9. AGE (last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>1</b>	IF UNDER 24 HR Hours <b>1</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hickman Co., Ky.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Ben Riley</b>		13b. MOTHER'S MAIDEN NAME <b>Arizona Crawford</b>	14. NAME OF HUSBAND OR WIFE <b>Tobe Garrett</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. ADDRESS <b>Records, State Hospt. #4, Farmington, Mo. and Homer Riley, Bardwell, Kentucky</b>		13. INFORMANT <b>Homer Riley, Bardwell, Kentucky</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diabetic coma, unretractable</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
DUE TO (b) <b>Diabetes Mellitus</b>			<b>15-20 yrs.</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) <b>Nephrosclerosis.</b>			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
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 <b>9:35</b> Month <b>Nov.</b> Day <b>19</b> , Year <b>1963</b>	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 <b>Farmington, Missouri</b>		STATE <b>Kentucky</b>
21. I attended the deceased from <b>Nov. 19, 1963</b> to <b>Nov. 27, 1963</b> and last saw <b>live</b> on <b>Nov. 27, 1963</b> Death occurred at <b>9:35 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John A. Brennan, M.D.</b>		22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>	22c. DATE SIGNED <b>Nov. 27, 1963</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-29-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Roslon Cemetery</b>	23d. LOCATION (City, town, or county) <b>Bardwell Kentucky</b>
24. FUNERAL DIRECTOR <b>Travis Shelby, East Prairie, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 27, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DEC 27 1963

JAN 17 1964

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 Francis Shelby Sr.

Licensed Embalmer No. 2756

P. O. Address East Prairie, 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.