

Health,
Welfare
Public
Service

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **27538**

Registration District No. **385** Primary Registration District No. **3039** Registrar's No. **172**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline		c. CITY OR TOWN Marceline	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. Ritchie (at Home)		d. STREET ADDRESS W. Ritchie St	

3. NAME OF DECEASED (Type or print) First Olie Middle Bell Last Garrett			4. DATE OF DEATH Month 8 Day 20 Year 56		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 7, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 6 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Browning, Mo.	
13. FATHER'S NAME Carrigan			14. MOTHER'S MAIDEN NAME Tubman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.		17. INFORMANT Paul Jenke Marceline Mo	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vascular Disease DUE TO (b) Hypertensive cardiovascular disease DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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"/>

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 4:00 Month Aug Day 20 Year 1956 a. m. p. m.		
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 Marceline COUNTY Linn STATE Mo

21. I attended the deceased from **Aug 14 1956** to **Aug 20 1956** and last saw her alive on **Aug 20 1956**.
Death occurred at **4:00 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Gary (Degree or title)	22b. ADDRESS Marceline Linn Mo	22c. DATE SIGNED 8-21-56
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8-21-56	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	23d. LOCATION (City, town, or county) (State) Marceline Mo
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24. FUNERAL DIRECTOR E. Beckwith ADDRESS Chillicothe Mo	25. DATE RECD. BY LOCAL REG. 8-21-56	26. REGISTRAR'S SIGNATURE M. J. Pigeon
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(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....


Licensed Embalmer No. 32


P. O. Address

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