

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7570  
Registrar's No. 330

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo 3078</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grady Nursing Home prospect</u>		d. STREET ADDRESS (If rural, give location) <u>402 N. Brighton 1</u>	
3. NAME OF DECEASED a. (First) <u>Albert Earl</u> b. (Middle) <u>Garrett</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 22, 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 18, 1888</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electron Commissioner</u>	11. BIRTHPLACE (State or foreign country) <u>Union Star Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A Redding</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Garrett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-30-3780</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Garrett</u> ADDRESS <u>402 N. Brighton Kansas City</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer over of kidney?</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe arteriosclerosis</u> DUE TO (c) <u>E myocardial failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks?</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/16</u> , 19 <u>51</u> , on <u>house call</u> , that I last saw the deceased alive on <u>3/6</u> , 19 <u>51</u> , and that death occurred at <u>1 pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Scott E. Benson M.D.</u> (Degree or title)		23b. ADDRESS <u>202 Phisum Alley St. Joseph Mo</u>	23c. DATE SIGNED <u>3/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar. 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u>	24d. LOCATION (City, town, or county) (State) <u>1/2 mile North of Star Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar. 23, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castor</u>	446 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lieck M. Wilson Cedarland</u> ADDRESS <u>Union Star, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed Lucile M. Wilson Cedarland

Licensed Embalmer No. 2830

P. O. Address Union Star, 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 this body is not embalmed, fact should be so stated above.