

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9366

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 3 WKS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville			
d. FULL NAME OF HOSPITAL OR INSTITUTION. St. Francis Hospital		d. STREET ADDRESS (If rural, give location) rural - north edge of city					
3. NAME OF DECEASED (Type or Print) HOWARD		a. (First) W.		b. (Middle) GARRETT			
c. (Last) GARRETT		4. DATE OF DEATH (Month) (Day) (Year) 3 9 49					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH May 18, 1889		9. AGE (In years last birthday) 59		10. UNDER 1 YEAR Months Days 0 0			
11. UNDER 2 HRS. Hours Min. 0 0		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Oil dealer		10b. KIND OF BUSINESS OR INDUSTRY Wholesale			
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Amasa H. Garrett		13b. MOTHER'S MAIDEN NAME Jessie Olive McCloskey		14. NAME OF HUSBAND OR WIFE none			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John Garrett, Denver, Colo.			
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) Myocardial Failure Chronic Hepatitis Cerebral Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 mo not known not known	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/20/49		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) Maryville, Missouri			
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 Dec 19 48 to March 9, 19 49 , that I last saw the deceased alive on March 9, 19 49 , and that death occurred at 5:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. A. Blemer		23b. ADDRESS M. D. Maryville, Missouri		23c. DATE SIGNED March 17/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/11/49		24c. NAME OF CEMETERY OR CREMATORY Clearmont			
24d. LOCATION (City, town, or county) (State) Clearmont, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John W. Price Maryville, Mo.					
DATE REC'D BY LOCAL REG. 3-19-49		REGISTRAR'S SIGNATURE Bess Holt		229			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 8 1961

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.

Signed _____

John W. Price

Signed _____

Student Embalmer

Licensed Embalmer No. 4281

P. O. Address Maryville 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.