

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1949

State File No. 15871
2234

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give town or town OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 25 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 74 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4733 HOLMES STREET				d. STREET ADDRESS (If rural, give location) 4733 HOLMES STREET			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) PAWSON		c. (Last) GARRETT		4. DATE OF DEATH (Month) (Day) (Year) MAY 20 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN-20-1872	
9. AGE (In years last birthday) 77 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) DELAVAN ILLINOIS/	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH M. GARRETT		13b. MOTHER'S MAIDEN NAME MARGARET A. ROBINSON		14. NAME OF HUSBAND OR WIFE MRS. ADDIE DONOVAN GARRETT	
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 MRS. ADDIE DONOVAN GARRETT 4733 HOLMES ST. KANSAS CITY, MO.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. no 4221				INTERVAL BETWEEN ONSET AND DEATH 5 yes. 10 yes.	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> no		21f. HOW DID INJURY OCCUR? no			
22. I hereby certify that I attended the deceased from June 16, 1946 to May 20, 1949 that I last saw the deceased alive on May 20, 1949, and that death occurred at 1:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE M. B. Casbolt (Degree or title) M. B. Casbolt MD				23b. ADDRESS 4000 Pathmore		23c. DATE SIGNED 5/21/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY-23-1949		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 5-23-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. N. Newnam		ADDRESS 1331- BRUSH COCKE BLDG KANSAS CITY, MO.	

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

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.