

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34201**

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>			
b. CITY OR TOWN <u>Hillsboro</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Cedar Grove Nursing Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emmitt</u> b. (Middle) <u>E</u> c. (Last) <u>Garrett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 49</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 16, 1879</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY <u>Widow</u>		11. BIRTHPLACE (State or foreign country) <u>Dent County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Jim Garrett</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Warden</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Carl K. Spencer</u>			ADDRESS <u>Salem Mo</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>Bronchopneumonia, bilateral</u> 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. <u>Superinfection of old age.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) _____			
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>Summer of 1947</u> , to <u>Oct 19, 1949</u> , that I last saw the deceased alive on <u>Oct 18, 1949</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell, M.D.</u>				23b. ADDRESS <u>16 Boyd, Desoto, Mo.</u>		23c. DATE SIGNED <u>10-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-26-49</u>		REGISTRAR'S SIGNATURE <u>Amanda Warden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl K. Spencer</u>		ADDRESS <u>Salem, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 1 1949
District Health Officer No. 9,
District File Number

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

Percy F. Milster

Student Embalmer No.

376

working under my personal supervision.

Student *Percy F. Milster*
Student Embalmer

Signed

Samuel B. Dietrich

Licensed Embalmer No.

4104

P. O. Address

Delato 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.