

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 805

Registrar's No. 69

0396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2133 N. JEFFERSON</u>		d. STREET ADDRESS (If rural, give location) <u>2133 N. JEFFERSON</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>GARRETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 21 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>15 SEPT. 1849</u>
9. AGE (In years last birthday) <u>100</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED RAILROADING</u>	11. BIRTHPLACE (State or foreign country) <u>NORTH CAROLINA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. IDA CHOATE SPCFD. 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>Senility</u> INTERVAL BETWEEN ONSET AND DEATH <u>100</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NO</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NO NO NO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <u>None</u>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Aug 1948</u> , to <u>Jan 21, 1949</u> , that I last saw the deceased alive on <u>Jan 20, 1949</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. F. Freeman, M.D.</u>		23b. ADDRESS <u>Springfield, MO</u>	23c. DATE SIGNED <u>1-21-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. PLEASANT CEME.</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR WILLARD MO.</u>
DATE REC'D BY LOCAL RES. <u>1-23-50</u>	REGISTRAR'S SIGNATURE <u>W. J. Handley, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner &amp; Co. SPCFD. MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Ogle Stone Pro

Signed.....  
Student Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

**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.