

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4190

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville 125th</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Austin 0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (First) (Type or Print) <u>Wyatt Audubon Garrett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 9 - 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Apr 30 - 1857</u>
9. AGE (In years last birthday) <u>92 109</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Windsor No 0</u>	
11a. USUAL OCCUPATION (Give kind of work requiring most of working life, even if retired) <u>Vegetable farmer</u>		11b. BIRTHPLACE (State or foreign country) <u>Windsor No 0</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Robert Garrett</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>		13c. NAME OF MARRIAGE OR WIFE <u>Emma Welch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, do not show) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Garrett Butler, Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Rt lobar pneumonia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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)		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>3-6-1950</u> to <u>3-9-1950</u> , that I last saw the deceased alive on <u>3-8-1950</u> , and that death occurred at <u>12:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward S. Jones, M.D.</u>		23b. ADDRESS <u>Hounsouth Mo.</u>	
23c. DATE SIGNED <u>3-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 10 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Austin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Austin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Brothers</u>		ADDRESS <u>Archie Mo</u>	

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

0190

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

Lloyd A. Harrison

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.