

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13661**

0551

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

BIRTH NO. _____ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 5655 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon, Mo.		c. LENGTH OF STAY (in this place) 629 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri State Sanatorium		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, Missouri	
		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print) a. (First) Carlyle b. (Middle) E c. (Last) Garnett			4. DATE OF DEATH (Month) (Day) (Year) 4 18 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-17-11
9. AGE (in years last birthday) 38		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory Technician		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Leonard, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Henry Wilson Garnett		13b. MOTHER'S MAIDEN NAME Ida L. Maggart	14. NAME OF HUSBAND OR WIFE Audrey M. Garnett
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. 496-32-9872	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Ann Wilson, Record Clerk, Mt. Vernon
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH few minutes
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> DUE TO (b) Pulmonary tuberculosis about 12 years <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			DO 2X
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) _____	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>7-28</u> , 19 <u>48</u> , to <u>4-18</u> , 1950, that I last saw the deceased alive on <u>April 18</u> , 1950, and that death occurred at <u>10:00am</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. A. Brascher M.D. - 0		23b. ADDRESS Mt. Vernon, Missouri	23c. DATE SIGNED 4-18-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-20-50	24c. NAME OF CEMETERY OR CREMATORY Galena	24d. LOCATION (City, town, or county) (State) Galena Mo
DATE REC'D BY LOCAL REG. 4-19-50	REGISTRAR'S SIGNATURE Cecil Hendricks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS May L. Fossett Mt. Vernon, Mo	

RECEIVED APR 20 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Int'l Union, 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.