

FILED FEB 14 1951

STANDARD CERTIFICATE OF DEATH

148

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>34</u>			
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>			c. LENGTH OF STAY (In this place) _____						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX North 7th St and W.S. 40</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>					
d. STREET ADDRESS (If rural, give location) <u>N. 7th St. & 40 Highway</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>			b. (Middle) <u>C</u>		c. (Last) <u>GARRETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 9 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG 7 1883</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Months IF UNDER 1 YEAR Hours Min. <u>67</u> <u>5</u> <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER AND BUSINESS MAN</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>BOONE CO MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT C GARRETT</u>			13b. MOTHER'S MAIDEN NAME <u>MARY E. BROWN</u>			14. NAME OF HUSBAND OR WIFE <u>ORA MAE KERTZ GARRETT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GENE GARRETT COLUMBIA 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary metastases</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>						INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u> <u>8 mo's</u> <u>15 1/2 X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rectum</u>						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) _____		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>Sept. 10, 1950</u> , to <u>Feb. 9, 1951</u> , that I last saw the deceased alive on <u>Feb 8, 1951</u> , and that death occurred at <u>11:45A</u> m., from the causes and on the date stated above.									
22a. SIGNATURE <u>E. J. Schmitt</u> (Degree or title) _____				23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>Feb. 10, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 12 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM</u>		24d. LOCATION (City, town, or county) (State) <u>COLUMBIA MO</u>			
DATE REC'D BY LOCAL REG. <u>Feb 10 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Willeck</u> ADDRESS <u>Columbia, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side) Ralph Willeck

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

RECEIVED 2-13-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 2-13-51

MAR 21 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

A. Wilcox

Licensed Embalmer No. 3183

P. O. Address Columbia

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.