

STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 18

1. PLACE OF DEATH
 a. COUNTY Boone
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 624 N 4th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Boone
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia
 d. STREET ADDRESS (If rural, give location) 624 N 4th St

3. NAME OF DECEASED
 a. (First) Mary b. (Middle) Elizabeth c. (Last) Garrett
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
July 24 1951

5. SEX Female
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 2

8. DATE OF BIRTH Jan 20 1860

9. AGE (In years last birthday) 91
 10 UNDER 1 YEAR x 11. BIRTHPLACE (State or foreign country) Boone Co Mo
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House wife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (State or foreign country)
Boone Co Mo

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
James Watson

13b. MOTHER'S MAIDEN NAME
Johnson

14. NAME OF HUSBAND OR WIFE
Irvin Garrett "Dead"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Grover C. Garrett 624 N 4th

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) Bronchial Pneumonia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) General debility & Arteriosclerosis
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH*
45 min

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES 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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 19 51, to Jan 22, 19 51, that I last saw the deceased alive on Jan 22, 19 51, and that death occurred at 2 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
L. Hogg Miller M.D.

23b. ADDRESS
Columbia, Mo.

23c. DATE SIGNED
24 Jan 51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Jan 25 1951

24c. NAME OF CEMETERY OR CREMATORY
Providence Cem

24d. LOCATION (City, town, or county) (State)
Boone Co Mo

DATE REC'D BY LOCAL REG.
Jan 24 1951

REGISTRAR'S SIGNATURE
Mrs. R.E. Palmer 31

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
R. O. Wreath Columbia Mo

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

RECEIVED 1-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-29-51

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 *Gay O. Shelton*

Signed.....
Student Embalmer

Licensed Embalmer No. 4700

P. O. Address *Columbia, Md*

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.