

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

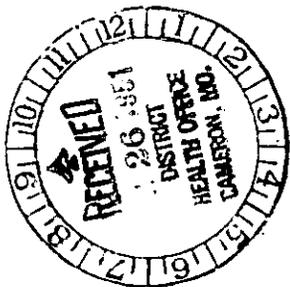
State File No. 7852

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5291 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> <u>0240</u>	
c. LENGTH OF STAY (in this place) <u>6 MOS.</u>		d. STREET ADDRESS (If rural, give location) <u>State IOOF. Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Garrett</u> c. (Last) <u>Hunt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18 51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 4 1862</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR <u>7</u> Months	IF UNDER 1 YEAR <u>14</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Lawson Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>US.</u>			
13a. FATHER'S NAME <u>J. J. GARRETT</u>		13b. MOTHER'S MAIDEN NAME <u>MATHILDA</u>	14. NAME OF HUSBAND OR WIFE <u>EMMERINE H. A. HUNT</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>R. Maurice Hall Liberty, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Typhlopharyngitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  332x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on <u>Feb 17, 1951</u> , and that death occurred at <u>9</u> A. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. G. Garrison</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Liberty Mo</u>	
23c. DATE SIGNED <u>3/19/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 21 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Clay County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 20-1951</u>		REGISTRAR'S SIGNATURE <u>64 Minnie Harnes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Greer Co.</u>		ADDRESS <u>Liberty Mo</u>	

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



**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 John Sanberg .....

Licensed Embalmer No. 4448 .....

P. O. Address Liberty 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.