

FILED MAR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8998

5049  
 My 5049

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

|  |                               |  |  |  |   |  |  |
|--|-------------------------------|--|--|--|---|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>156</u>  |  | PRIMARY REG. DIST. NO. <u>2007</u>   |   | Registrar's No. <u>128</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>   |                               | c. LENGTH OF STAY (In this place) <u>7 days</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Cardin</u>   |   | 8350   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>  |                               |  |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Gilbert Edward</u> b. (Middle) <u>Garrett</u> c. (Last) _____   |                               |  | 4. DATE OF DEATH <u>March 13, 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>October 25, 1885</u> | 9. AGE (In years last birthday) <u>65</u>  | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Calvale, Kanass</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Name Garrett</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Jane Willey</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Lizzie Garrett</u>  |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |                               | 16. SOCIAL SECURITY NO. <u>10-10-10-50</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lizzie Garrett, Cardin, Oklahoma</u> ADDRESS _____   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                              |                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart Disease</u><br><u>Myocardial Infarct</u><br><u>Chronic Arthritis</u><br><u>Hypertensive</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) <u>Hypertension</u> |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 days</u><br><u>10 days</u><br><br><u>42.14</u> |  |
| 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>Mar 5, 1951</u> , to <u>Mar 13, 1951</u> ; that I last saw the deceased alive on <u>Mar 12, 1951</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above. |                               |  |  |  |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Dr. J. E. Myers, M.D.</u>  |                               |  |  | 23b. ADDRESS <u>70 S. Sugar Bldg.</u>  |   | 23c. DATE SIGNED <u>3-14-51</u>  |  |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>  |                               | 24b. DATE <u>3-13-1951</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Morton-Landy Funeral Home</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Picher, Oklahoma</u>                    |  |
| DATE REC'D BY LOCAL REG. <u>3-16-51</u>  |                               | REGISTRAR'S SIGNATURE <u>Myrtle Adams Sampson</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillion</u>  |   | ADDRESS <u>Wortuary, Joplin, Mo</u>  |  |

RECEIVED 3-22-51  
Jasper County Health Office

County File Number 51-3-237

Date Filed 3-22-51

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 *[Signature]*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4720

P. O. Address *Joplin, 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.