

FILED AUG 20 1951

STANDARD CERTIFICATE OF DEATH

27460
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> <u>0500</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Barnhart South High</u>		c. LENGTH OF STAY (In this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>818 Ridge Ave</u> <u>3502</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>URSAH Joachim Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>Festus</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>			b. (Middle) <u>Leon</u>		c. (Last) <u>Garrett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 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>Apr 23-1933</u>		9. AGE (In years last birthday) <u>18</u>	UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fulling Station Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Gas Station</u>		11. BIRTHPLACE (State or foreign country) <u>Popular Bluff Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>Thora Sue 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>496-82-9590</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Howard Garrett Festus 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident</u> DUE TO (c) <u>9/16/51</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Barnhart Jefferson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-9-51 8:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>			
I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE <u>Henry Mackens</u>				22b. ADDRESS <u>101 Main St Festus Mo</u>		22c. DATE SIGNED <u>8/10/51</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 14-1951</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Popular Bluff Mo</u>		
DATE REC'D BY LOCAL REG. <u>8/10/51</u>		REGISTRAR'S SIGNATURE <u>Gayley E. Palitte</u> <u>444</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Vinyard Festus Mo</u>			

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 8-14-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3010

P. O. Address Festus 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.