

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34417

BIRTH NO. _____		REG. DIST. NO. <u>228</u>		PRIMARY REG. DIST. NO. <u>5808</u>		Registrar's No. <u>28</u>			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo.</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>High Hill</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>			4119		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>High Hill, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>7538 Shoadilock Rd.</u>					
3. NAME OF DECEASED (Type or Print)			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)			
<u>Addison L. Garrett</u>					<u>Garrett</u>	<u>Oct. 6, 1951</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	<u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 24, 1922</u>		9. AGE (In years last birthday)	if UNDER 1 YEAR	if UNDER 2 WKS.	
						<u>79</u>	<u>11</u>	<u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Builder</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME				ADDRESS	
				<u>Mrs. Th. M. McCalland</u>				<u>High Hill</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*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>Bronchial pneumonia</u>						<u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>						<u>?</u>	
		DUE TO (c) <u>Carcinoma of ascending Colon</u>						<u>P</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>na</u>		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no.</u>		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>Jan</u> , 19 <u>51</u> , to <u>Oct 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-5</u> , 19 <u>51</u> , and that death occurred at <u>5 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James O. Helm M.D.</u>				23b. ADDRESS <u>New Florence Mo</u>			23c. DATE SIGNED <u>10-6-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>High Ridge Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Oct 16 - 51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Miss Mills</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>				
ADDRESS <u>Ferguson Mo.</u>									

RECEIVED

OCT 11 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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 *R. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Jerguson, 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.