V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1953

State File No. 955

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. _____

0360

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Clair Mo
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):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Ill.
b. COUNTY: Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winthrop Harbor
d. STREET ADDRESS (If rural, give location): Box D. 812 [illegible]

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

4. DATE OF DEATH (Month) (Day) (Year): Jan 12, 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2
8. DATE OF BIRTH: Oct. 7.
9. AGE (In years last birthday): 54 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Winthrop Harbor Ill.
12. CITIZEN OF WHAT COUNTRY?: S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: John Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Dorothy Clay, Phoenix Ariz.
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): In Auto Accident on
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Highway #66 west of #47
DUE TO (c): Viaduct.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fractured Neck and right

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: arm 036
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Clair, Central Franklin Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 12, 1953 3:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto Accident on Hy. #66

22. *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 3:00 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernst L. Ottmann Coroner
23b. ADDRESS: Gerald, Mo.
23c. DATE SIGNED: Jan 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Winthrop Cemetery
24d. LOCATION (City, town, or county) (State): Winthrop Dell

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: B.A. McBaughey 96
28. FUNERAL DIRECTOR'S SIGNATURE: Cusey & Lenox
ADDRESS: St Clair Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1953

FEB 25 1955

SEP 15 1953

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 E. H. [illegible]

Licensed Embalmer No. 1656

P. O. Address [illegible]

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.