

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 13 1953

1130

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3931 Central</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazelwood Nursing Home</u>		3688	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		c. (Last) <u>GARRETT</u>	
b. (Middle) <u>RILEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 23 1953</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>Jan. 22, 1874</u>
9. AGE (in years last birthday) <u>79</u>		10. UNDER 1 YEAR Months <u>79</u>	11. UNDER 2 HRS. Hours <u>79</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>In charge of Alterations-Commerce Tr. Bldg.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drakesboro, Kentucky</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Taylor Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Langley</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Lena 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>496-16-3524</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena Garrett, 3931 Central</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mysocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>40</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>5 yrs</u> <u>5 years</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION. <u>4221</u>	
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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I, hereby certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>Feb 23</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Feb 13</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. B. Casboyle</u>		23b. ADDRESS <u>4000 Baltimore</u>	
23c. DATE SIGNED <u>2/24/53</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
23e. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		23f. DATE REC'D BY LOCAL REG. <u>2-24-53</u>	
23g. REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		23h. FUNERAL DIRECTOR'S SIGNATURE <u>FREEMAN MORTUARY & CHAPEL, K.C., MO.</u>	
23i. ADDRESS		23j. ADDRESS	

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

Mr. C. C. C. -
4000 B. -
Va 5115

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 Walter H. Pravin

Licensed Embalmer No. 43512

P. O. Address Manassas City, Va.

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.