

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24807**
3782
Registrar's No.

FILED **AUG 13 1953**
BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 16 yrs.		e. STREET ADDRESS (If rural, give location) 1333 E. 13th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Hosp #2 DOA		3168	
3. NAME OF DECEASED (Type or Print) Edward Garrett		a. (First)	b. (Middle)
5. SEX Male		6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 10, 1884	
9. AGE (In years last birthday) 68		10. MONTH (Day) (Year) July 28, 1953	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Prospect, Tennessee /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Tom Garrett		13b. MOTHER'S MAIDEN NAME Cynthia Dailey	
14. NAME OF HUSBAND OR WIFE Mary Garrett		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 421-03-7701		17. INFORMANT'S SIGNATURE OR NAME Mary Garrett	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		19. ADDRESS 1333 E. 13th St.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC HYPERTIFY		INTERVAL BETWEEN ONSET AND DEATH 5 YRS	
ANTECEDENT CAUSES DUE TO (b) HYPERTENSION		P	
DUE TO (c) OBESITY		P	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443K	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 JAN 1, 1950 , to JULY 28, 1953 , that I last saw the deceased alive on JULY 28, 1953 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE E. H. Walls DO		23b. ADDRESS 1118 E. 12 ST	
23c. DATE SIGNED 7-29-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 8-1-53		24c. NAME OF CEMETERY OR CREMATORY Highland	
24d. LOCATION (City, town, or county) (State) K. C. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Sheraldine Smith	
DATE REC'D BY LOCAL REG. 7-31-53		ADDRESS Watkins Bros. Funeral Home	

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

18 @ 47 Benton

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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
Signature of Student Embalmer

Signed *Russell L. Rutkowski*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.