

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5340

State File No. ....

FILED FEB 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 56

550  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>  |  | c. LENGTH OF STAY (In this place) <b>13 days</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>  |   |
| d. STREET ADDRESS <b>1104 Central</b>   |  | d. STREET ADDRESS (If rural, give location) <b>1104 Central</b>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Kelly</b> b. (Middle) <b>Andrew</b> c. (Last) <b>Garrett</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 11, 1954</b>   |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>11-13-05</b>   |
| 9. AGE (In years last birthday) <b>48</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Appliance Sales Work</b>   | 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b>                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Appliance Sales Work</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>Silas abner Garrett</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth C. Dorn</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Elizabeth K. Garrett</b>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>490-09-8349</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>San. records, Mo. S.S., Mt. Vernon, Mo.</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis, far advanced</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 002X  |   |
| 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 <b>1-28-1954</b> , to <b>2-11-1954</b> , that I last saw the deceased alive on <b>2-11-1954</b> , and that death occurred at <b>10:15a</b> m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE (Degree or title)<br><i>[Signature]</i>  |  | 23b. ADDRESS<br><b>Mt. Vernon, Mo.</b>  | 23c. DATE SIGNED<br><b>2-11-54</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 24b. DATE<br><b>2-11-54</b>  | 24c. NAME OF CEMETERY OR CREMATORY  | 24d. LOCATION (City, town, or county) (State)<br><b>Monett, Mo.</b>                         |
| DATE REC'D BY LOCAL REG.<br><b>2-11-54</b>  | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Mercer Funeral Home Monett, Mo.</b>  |   |

FEB 13 1954

FEB 10 1954

**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 Roy H. Mercer

Licensed Embalmer No. 4372

P. O. Address Mount, MD.

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.