

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11006**

BIRTH NO. **FILED MAR 17 1954** REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **6r33** Registrar's No. **23**

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| 1. PLACE OF DEATH a. COUNTY Warren | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Campbranch) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Campbranch) | |
| c. LENGTH OF STAY (in this place) 30 yrs. | | 1090 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION North of Warrenton | | d. STREET ADDRESS (If rural, give location) North of Warrenton | |

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|-------------------------------------|-----------------------------|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Katherine | b. (Middle) | c. (Last) Garrett | 4. DATE OF DEATH (Month) (Day) (Year) March 8, 1954 |
|-------------------------------------|-----------------------------|-------------|--------------------------|--|

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|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 29, 1871 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | Min. |
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| 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 (State or foreign country) Dormitz, Bohemia | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Adam Bufka | 13b. MOTHER'S MAIDEN NAME Katherine Bran | 14. NAME OF HUSBAND OR WIFE Robert Lee Garrett, dec'd. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Albert Garrett | ADDRESS Warrenton, Mo. |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block- ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chs. Cardio-Vascular Disease DUE TO (c) Scurvy | | INTERVAL BETWEEN ONSET AND DEATH 3-6-54 |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4221 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **3-6-1954**, to **3-8-1954**, that I last saw the deceased alive on **3-8-1954**, and that death occurred at **2:20 p.m.**, from the causes and on the date stated above.

| | | | |
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| 23a. SIGNATURE Hester Cyren Ann | (Degree or title) Res. D. | 23b. ADDRESS Warrenton Mo | 23c. DATE SIGNED 3-10-54 |
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|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar. 10, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery | 24d. LOCATION (City, town, or county) (State) Lincoln County, Mo. |
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| DATE REC'D BY LOCAL REG. 3-10-54 | REGISTRAR'S SIGNATURE Lloyd Logan | 421- | 25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co. | ADDRESS Warrenton, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

John E. Verlinger

Licensed Embalmer No.

4409

P. O. Address

Warrenton, M

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.