No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16867

BIRTH NO. FILED JUN 3 1954 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rolla, 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) McFarland Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. James, Mo.
d. STREET ADDRESS (If rural, give location) 0 810 0

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

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1954

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 15 1868
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 7 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Garrett
13b. MOTHER'S MAIDEN NAME Biddie Ann
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Garrett, St. James, Mo. 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) Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Prostate hypertrophy
} about 5 years

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Simple intertrochanteric fracture of right femur since 3-16-54 as above + immobilization of well leg cast

19a. DATE OF OPERATION 3-29-54
19b. MAJOR FINDINGS OF OPERATION →
20. AUTOPSY? YES ☐ NO ☒

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) 610 X F

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16, 1954, *to* 5-20, 1954, *that I last saw the deceased alive on* 5-19, 1954, *and that death occurred at* 7:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. V. Hammler, M.D.
23b. ADDRESS St. James, Mo
23c. DATE SIGNED 5-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 23, 1954
24c. NAME OF CEMETERY OR CREMATORY Chapel Cem
24d. LOCATION (City, town, or county) (State) Texas Co, Missouri

DATE REC'D BY LOCAL REG. May 24, 1954
REGISTRAR'S SIGNATURE Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Fahr, St. James, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed C. Jesse Sahr

Signed.....
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.