

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23213

State File No. 306

Registrar's No. 306

FILED AUG 10 1954

No. 300

10-48

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		State File No. 23213		Registrar's No. 306	
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) Independence			c. LENGTH OF STAY (In this place) 32 yrs.		c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 9725 Winner Rd.				e. STREET ADDRESS (If rural, give location) 9725 Winner Rd. 70050					
3. NAME OF DECEASED a. (First) James			b. (Middle) Douglass		c. (Last) Garrett		4. DATE OF DEATH (Month) (Day) (Year) Aug. 1 1954		
5. SEX male		6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1893 Dec. 12, 1954		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Training Supervisor			10b. KIND OF BUSINESS OR INDUSTRY American Telegraph & Telegraph		11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William H. Garrett			13b. MOTHER'S MAIDEN NAME Margaret B. Wallace		14. NAME OF HUSBAND OR WIFE Adeline Garrett				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) W. War I 487-01-1677		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adeline Garrett 9725 Winner Rd. Indep.					
18. CAUSE OF DEATH (Enter only one cause per box for (a), (b), and (c))				MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p><i>Can't say all</i></p> <p><i>W. War I</i></p> <p><i>4200</i></p> <p><i>4200</i></p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					
				ANTECEDENT CAUSES					
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) Atherosclerotic heart disease					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Geo. C. Carson				23b. ADDRESS 4050 Broadway, Kansas City, Mo.			23c. DATE SIGNED 8-1-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 3, 1954	24c. NAME OF CEMETERY OR CREMATORY Mount Washington Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 8-2-54		REGISTRAR'S SIGNATURE James H. ... 354-0			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Funeral Home Indep., Mo.				

(Released Embalmers' Statement on Reverse Side)

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

AUG 12 1954

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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 *H. Gibson*.....

Licensed Embalmer No. *487*.....

P. O. Address *Indep.*.....

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.