No. 300
10.48

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

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28331

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5801 Registrar's No. 28

0690

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lakenan Rural Washington Twp
c. LENGTH OF STAY (In this place): 3Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lakenan Rural Washington
d. STREET ADDRESS (If rural, give location): 0690

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): Elizabeth
c. (Last): Garrett

4. DATE OF DEATH (Month) (Day) (Year): Aug 23rd 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 25th 1877
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 3 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Monroe Co Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: James Cruffcher
13b. MOTHER'S MAIDEN NAME: Julia Utterback
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Leota Gaines
ADDRESS: Shelbina mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) High blood pressure — 6 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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)

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* May 12, 1954, *to* aug 23, 1954, *that I last saw the deceased alive on* aug 16, 1954, *and that death occurred at* 8:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Caldwell D.O.
23b. ADDRESS: Shelbina Mo.
23c. DATE SIGNED: Sept 2/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/27/54
24c. NAME OF CEMETERY OR CREMATORY: Stoutsville Cemetery
24d. LOCATION (City, town, or county) (State): Stoutsville Mo

DATE REC'D BY LOCAL REG.: 9-3-54
REGISTRAR'S SIGNATURE: Elsie Robertson 471
25. FUNERAL DIRECTOR'S SIGNATURE: Barkelew & Hawkins
ADDRESS: Shelbina Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1964

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 Tenny G. Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelbina Mo

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.