

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3377

BIRTH NO.		REG. DIST. NO. 317		PRIMARY DIST. NO. 547		Registrar's No. 245	
1. PLACE OF DEATH a. COUNTY <i>St Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Ill</i> b. COUNTY <i>Adams</i>			
b. CITY OR TOWN <i>Rich Mt Mo</i>		c. LENGTH OF STAY (to this place) <i>3 hrs</i>		c. CITY OR TOWN <i>Quincy Ill</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>8/20</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Marys Hosp</i>				e. STREET ADDRESS (If rural, give location) <i>108 West Grandview Pl</i>			
3. NAME OF DECEASED (Type or Print) <i>BARBARA ANN GARRETT</i>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <i>Jan 28 1955</i>		(Month)		(Day)		(Year)	
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>		8. DATE OF BIRTH <i>Oct 23-1953</i>	
9. AGE (in years last birthday) <i>1</i>		10. IF UNDER 1 YEAR Months <i>15</i> Days <i>5</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Quincy Ill</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>		13a. FATHER'S NAME <i>David A Garrett</i>		13b. MOTHER'S MAIDEN NAME <i>Laverne Johnson</i>	
13c. NAME OF HUSBAND OR WIFE <i>NONE</i>		14. NAME OF HUSBAND OR WIFE <i>NONE</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>David A Garrett</i>		17. INFORMANT'S SIGNATURE OR NAME <i>David A Garrett</i>		17. INFORMANT'S SIGNATURE OR NAME <i>David A Garrett</i>		17. INFORMANT'S SIGNATURE OR NAME <i>David A Garrett</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dehydration & Acidosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES -			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
DUE TO (c) _____				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		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) (Min)		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 <i>1/24</i> , 19 <i>55</i> , to <i>1/28</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>1/28</i> , 19 <i>55</i> , and that death occurred at <i>6:45 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>D. E. Williamson</i> (Degree or title) <i>M.D.</i>				23b. ADDRESS <i>6336 Clayton Road</i>		23c. DATE SIGNED <i>1/31/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 31-1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt Olive Cem</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis City Mo</i>	
DATE REC'D BY LOCAL REG. <i>1-31-55</i>		REGISTRAR'S SIGNATURE <i>Hedbert R. Domb</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Borker</i>		ADDRESS <i>6536 Clayton Rd</i>	

52 (Licensed Embalmer's Statement on Reverse Side)

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

C. W. Wilkinson

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.....
C. W. Wilkinson

Licensed Embalmer No. *35*

P. O. Address *11 Lou*

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.