

FILED FEB 1 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **3548**

BIRTH NO. 20313-54 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3012 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 hr.</b>		e. STREET ADDRESS (If rural, give location) <b>573 W. North</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kennedy, Reid, Jones Clinic</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>RONNIE</b>	b. (Middle) <b>EARL</b>	c. (Last) <b>GARRETT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 22, 1955</b>
-------------------------------------	--------------------------	-------------------------	--------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 11, 1954</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>0 10 11</b>
--------------------	-------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marshall, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	--	--

13a. FATHER'S NAME <b>Warren Wesley Garrett</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Lou Skinner</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Warren W. Garrett Marshall, Mo.</b>
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>490X</b>	20. AUTOPSY? YES <input 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 Jan 16 1955, to Jan 22, 1955, that I last saw the deceased alive on Jan 22, 1955, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James A. Reid M.D.</b>	23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>1-22-55</b>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-24-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>High Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Saline Co. MO.</b>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>1-24-55</b>	REGISTRAR'S SIGNATURE <b>Cecil H. Reed, Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harry Hershberger Marshall, Mo.</b>
---	--	---

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

972  
0

---

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 *Joseph R. Mackle*.....

Licensed Embalmer No...*45*.....

P. O. Address *Maria*.....

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.