

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 625
Registrar No. 625

FILED MAR 15 1955

No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar No. 625	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY OR TOWN Kansas City		d. 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 Menorah Hospital				STREET ADDRESS (If rural, give location) 1380 5047 Noyandotte			
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH		b. (Middle) GARRETT		c. (Last) GARRETT		4. DATE OF DEATH (Month) (Day) (Year) 2-10-55	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 7-19-1896	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Reg Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing		11. BIRTHPLACE (City and State or Foreign Country) Dipton, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Clarence A. Garrett		13b. MOTHER'S MAIDEN NAME Ella E. Bunker		14. NAME OF HUSBAND OR WIFE X X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-10-8724		17. INFORMANT'S SIGNATURE OR NAME Mrs. Katherine F. Reynolds - K. G. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic cor pulmonale DUE TO (c) Chronic bronchiectasis, hypostasis (m.m.o.) right thoracoplasty II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 52 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 November, 1954, to Feb. 10, 1955, that I last saw the deceased alive on Feb. 10, 1955, and that death occurred at 4:29P m., from the causes and on the date stated above.							
23a. SIGNATURE A. B. Lieberman Jr. (Degree or title) MD				23b. ADDRESS 1103 Grand Ave.		23c. DATE SIGNED 11 Feb. 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-12-55		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) K. G. Mo	
DATE REC'D BY LOCAL REG. 2-11-55		REGISTRAR'S SIGNATURE neva menshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home K G Mo			

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

7a 22/2

Alvin R. Hauer

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 Alvin R. Hauer

Licensed Embalmer No. 410

P. O. Address K.C.

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.