

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10644  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 57

972

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Marshall</u>	d. 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) <u>3 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>764 W. Thomas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>764 W. Thomas</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>ESTIL</u>	b. (Middle) <u>ABRAHAM</u>	c. (Last) <u>GARRETT</u>
4. DATE OF DEATH	(Month) <u>Mar</u>	(Day) <u>25</u>	(Year) <u>1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>never married</u>	8. DATE OF BIRTH <u>Aug. 19, 1918</u>
9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Estil Floy Garrett</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Finley</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>not known</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Estil F. Garrett Marshall, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Guns shot wound. Suicide</u> INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self inflicted</u> 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 type="checkbox"/> NO <input checked="" type="checkbox"/> <u>E976X</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 25-1955 6:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>	
22. I hereby certify that I attended the deceased from <u>March 25-1955</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P.L. Lawless M.D. Coronator</u>		23b. ADDRESS <u>Saline Mo</u>	23c. DATE SIGNED <u>3-26-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Saline Co. Mo.</u>
DATE RECD BY LOCAL REG. <u>Mar. 26-55</u>	REGISTRAR'S SIGNATURE <u>Cecil G. Reed Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Herzhberger</u>	ADDRESS <u>Marshall, Mo.</u>

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

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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.....  
*Joseph T. Marshall*

Licensed Embalmer No. *457*

P. O. Address.....  
*Marshall*

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.