

FILED JUN 6, 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14631

BIRTH NO. _____ REG. DIST. NO. 39 PRIMARY REG. DIST. NO. 3006 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BOONE	
b. CITY (If outside corporate limits, write RURAL and give town) COLUMBIA		c. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA 46 WEST BLUE BOOTH	
c. LENGTH OF STAY (in this place) 6 WKS		d. STREET ADDRESS (If rural, give location) 46 WEST BLUE SOUTH	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOONE COUNTY HOSPITAL		e. STREET ADDRESS (If rural, give location) 810 S	
3. NAME OF DECEASED a. (First) MAUDE		b. (Middle) TRAGO	
c. (Last) GARRETT		4. DATE OF DEATH (Month) (Day) (Year) May 28 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12/23/1878
9. AGE (In years; if under 1 year, give months and days) 76		10. AGE (In years; if under 1 year, give months and days) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) CISNE ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J. BERKLEY TRAGO		13b. MOTHER'S MAIDEN NAME MARY RUDISILL	
14. NAME OF HUSBAND OR WIFE Joseph GARRETT		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. NO		17. INFORMANT'S SIGNATURE OR NAME BERT E GARRETT	
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) Adenocarcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Abdomen, primary undetermined 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. 1991	
18. CAUSE OF DEATH Interval between onset and death		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 Jan , 1955, to May 27 , 1955, that I last saw the deceased alive on May 27 , 1955, and that death occurred at 6:25 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE John J. Modlin MD (Degree or title)		23b. ADDRESS COLUMBIA MO	
23c. DATE SIGNED 5/28/55		24. LOCATION (City, town, or county) (State) Fullton MO	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/29/55	
24c. NAME OF CEMETERY OR CREMATORY Nellson		24d. LOCATION (City, town, or county) (State) Fullton MO	
DATE REC'D BY LOCAL REG. May 28 1955		REGISTRAR'S SIGNATURE Mrs. R. E. Palmox	
FUNERAL DIRECTOR'S SIGNATURE Alma Simpson		ADDRESS Keenelona Fullton Mo	

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1958

JUN 14 1958

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

Sam A. Stewart

Licensed Embalmer No. _____

3772

P. O. Address _____

Fuller St

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.