

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18657**

FILED JUN 16 1955

2336

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH Little Sisters of the Poor				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY OR TOWN Kansas City		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) <u>yes.</u>				e. STREET ADDRESS (If rural, give location) 5331 Highland Avenue			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Sisters of the Poor				3. NAME OF DECEASED (Type or Print)			
a. (First) Bridget		b. (Middle)		c. (Last) Garrett		4. DATE OF DEATH (Month) (Day) (Year) May 30 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH March 20, 1860	
		9. AGE (in years last birthday) 95		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework-Retired		11. BIRTHPLACE (City and State or Foreign Country) Iowa	
		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Garrett			13b. MOTHER'S MAIDEN NAME Anne Tulley			14. NAME OF HUSBAND OR WIFE Single	
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. None		17. INFORMANT'S SIGNATURE OR NAME Sister Ludivine-Little Sisters of the Poor			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION Poor 5331 Highland				INTERVAL BETWEEN ONSET AND DEATH 2 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dorscho pneumonia		DUPLICATE CAUSES Chronic interstitial Nephritis				DUPLICATE CAUSES Arteriosclerosis	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE CAUSES 446X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>3/19</u> , 19 <u>53</u> , to <u>5/30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/27</u> , 19 <u>55</u> , and that death occurred at <u>11 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE Joseph A. Fogarty (Print or title)				23b. ADDRESS 5811 Truman Rd N.C. 916		23c. DATE SIGNED 5/30/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) K.C. Mo.	
DATE REC'D BY LOCAL REG. 5-31-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Quirk ADDRESS 4316 Troost Ave.			

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

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 *Thomas E. Lee*.....

Licensed Embalmer No. *37*.....

P. O. Address.....

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.