

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21799

FILED JUL 18 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 609

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 2 years		c. CITY OR TOWN Springfield		d. Is 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 413 West Minota Street				f. STREET ADDRESS (If rural, give location) 413 West Minota Street					
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) E.		c. (Last) GARRETT		4. DATE OF DEATH (Month) (Day) (Year) July 10, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 28, 1894			
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Manufacturer				10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (City and State or Foreign Country) Webster County, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Will Garrett			13b. MOTHER'S MAIDEN NAME Ida Belle Branstetter			14. NAME OF HUSBAND OR WIFE Jane Garrett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War I			16. SOCIAL SECURITY NO. 701-01-8489		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jane Garrett Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, Intra-abdominal 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.				INTERVAL BETWEEN ONSET AND DEATH about 1 yr.	
19a. DATE OF OPERATION About June 24,		19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatosis				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) m.		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 _____, 19 53, to July 10, 1955 , that I last saw the deceased alive on July 6, 19 55 , and that death occurred at 8:05 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. A. Lawrence, Jr. M. D.				23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 7/11/1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/12/1955		24c. NAME OF CEMETERY OR CREMATORY Seymour Cemetery		24d. LOCATION (City, town, or county) (State) Seymour, Missouri			
DATE REC'D BY LOCAL REG. 7-13-55		REGISTRAR'S SIGNATURE Walter Williams		25. FUNERAL DIRECTOR'S SIGNATURE Walter Williams		ADDRESS Springfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK—MISSOURI PERMANENT RECORD
SPRINGFIELD, MISSOURI
626 West Walnut

AUG 30 1955

MAR 2 1956

JUL 25 1956

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.....
Harry Payne
Licensed Embalmer No. 459

P. O. Address ..Springfield

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.