

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30860

State File No.

318

1003

Registrar's No. 7607

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 40yrs		c. CITY OR TOWN St. Louis		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 res. 6225 Westminster Pl.		STREET ADDRESS 5 6225 Westminster Pl.				2050	
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Thomas		c. (Last) Garrett	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1955		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 12, 1865		9. AGE (In years last birthday) 90yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Mo. Bridge & Iron Co.		11. BIRTHPLACE (City and State or Foreign Country) Kewanee, Ill.	
12. CITIZEN OF WHAT COUNTRY? Usa		13a. FATHER'S NAME James Garrett		13b. MOTHER'S MAIDEN NAME Jane (unknown)		14. NAME OF HUSBAND OR WIFE Maude Jones 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. 490-12-7583		17. INFORMANT'S SIGNATURE OR NAME Mr. Thomas V. Garrett		ADDRESS 601 Westgate Ave (5)	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 1/2 HOUR			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS		DUE TO (c)		??	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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) (Min)		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 Aug. 1 <sup>st</sup> , 1955, to Aug. 29 <sup>th</sup> , 1955, that I last saw the deceased alive on Aug. 29 <sup>th</sup> , 1955, and that death occurred at 9:40am., from the causes and on the date stated above.							
23a. SIGNATURE William C. Ferguson		(Degree or title) M.D.		23b. ADDRESS 3720 Washington, St. Louis		23c. DATE SIGNED 8/30/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 31, 1955		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		24d. LOCATION (City, town, or county) (State) Mound City, Mo.	
DATE REC'D BY LOCAL REG. AUG 30 1955		REGISTRAR'S SIGNATURE C. S. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons		ADDRESS 475 Delmar	

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

(Licensed Embalmer's Statement on Reverse Side)

Dr Wm A Tibbs Jr  
off 7710 Wash Je 18990  
5560 Pershing Yo 37440

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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 emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joe E. McCallister*.....

Licensed Embalmer No. *246*

P. O. Address *6175E*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.