

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35874
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>225-</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Audrain</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		a. STATE <u>Missouri</u>			
b. CITY OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Mexico</u>		b. COUNTY <u>Audrain</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>721 N. Washington St</u>				STREET ADDRESS (If rural, give location) <u>721 N. Washington St.</u>					
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) <u>Columbi</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Garrett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1955</u>			
(Type or Print)									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 22, 1886</u>			
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>			11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Mexico, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Alfred E. Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Salle R. Cauthorn</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>499-05-3434</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Miss Sallie Garrett</u>		ADDRESS <u>Mexico, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroners Investigation with out jury;</u>		ANTECEDENT CAUSE <u>the deceased died suddenly in her home with out an attending Physician. No evidence of violence or foul play. On examination of the dead body both lungs were found edemic with about 1 gal. of fluid.</u>							
DUE TO (b) <u>Death was caused from a pulmonary edemia and circulatory trouble.</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>522X</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		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>Coroners investigation</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 21, 1955</u> , and that death occurred at <u>1 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>S. C. Adams M. H. Coroner</u>				23b. ADDRESS <u>Mexico, Missouri</u>			23c. DATE SIGNED <u>11/21/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>11/21/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 21 - 1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home</u>		ADDRESS <u>Mexico, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *Richard F. M. Han*.....

Licensed Embalmer No. *482*

P. O. Address *Mexico*.....

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.