

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37361**

BIRTH NO. _____		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 5644		Registrar's No. 109			
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Lafayette Rural		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Bates City		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Goodloe Rest Home				e. STREET ADDRESS (If rural, give location) 1 mile East				0.590	
3. NAME OF DECEASED (Type or Print) William		a. (First) William		b. (Middle) W.		c. (Last) Garrett		4. DATE OF DEATH (Month) (Day) (Year) Nov-22-1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH 1-19-1880		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Selling glass		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME David Garrett			13b. MOTHER'S MARDEN NAME Martha Ferry			14. NAME OF HUSBAND OR WIFE Hazel Garrett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hazel Garrett		ADDRESS Bates City			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) None				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma -				INTERVAL BETWEEN ONSET AND DEATH unknown	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Original site undetermined					
				DUE TO (c) 1999					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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) (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 was seen , 19 only on Nov 14 , 19 55 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE H. Koppensund				(Degree or title) MD		23b. ADDRESS Bigginville Mo.		23c. DATE SIGNED 11-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-25-55		24c. NAME OF CEMETERY OR CREMATORY Lone Jack, Mo. Lone Jack		24d. LOCATION (City, town, or county) (State) Mo			
DATE REC'D BY LOCAL REG. 12-9-55		REGISTRAR'S SIGNATURE Monica E. Gustafson		25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home		ADDRESS Oak Grove Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

200
4840
f

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..... *R B Webb*

Licensed Embalmer No. 2

P. O. Address *Blue Springs*

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