

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

POPULAR BLUFF HOSPITAL		THE DIVISION OF HEALTH OF MISSOURI		28408
STANDARD CERTIFICATE OF DEATH		FILED SEP 6 1956		State File No. 7670
BIRTH NO. 4434A-37		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003
				Registrar's No. 7670
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>WAYNE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		c. LENGTH OF STAY (in this place) <b>NOT ADMITTED</b>	c. CITY OR TOWN <b>Piedmont</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Louis Children's</b>		e. STREET ADDRESS (If rural, give location) <b>111 So. 3rd ST.</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Alan</b>	b. (Middle) <b>Wayne</b>	c. (Last) <b>Garrett</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>8 16 '56</b>		5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>
8. DATE OF BIRTH <b>5 7-18-56</b>		9. AGE (in years last birthday) <b>29 days</b>	IF UNDER 1 YEAR Months <b>29</b> Days <b>29</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Poplar Bluff, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Cheryl J. Garrett</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Barrett</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. J. Graham</b> ADDRESS <b>500 S. Kingshighway</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia (BRONCHIAL)</b>		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>BILATERAL HYDRO-NEPHROSIS HYDRO-URETERS</b>				
DUE TO (c) <b>STAPH. SEPSIS</b>				
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 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) (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 <b>8-7-</b> <b>1956</b> , to <b>8-16-</b> <b>1956</b> , that I last saw the deceased alive on <b>7-16-56</b> , 19 <b>56</b> , and that death occurred at <b>4:10 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>W. Klingberg MD.</b> (Degree or title)		23b. ADDRESS <b>500 So. Kingshighway Blvd</b>		23c. DATE SIGNED <b>8-16-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-17-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	24d. LOCATION (City, town, or county) (State) <b>Piedmont, Mo.</b>
DATE REC'D BY LOCAL REG. <b>AUG 18 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish Funeral Home, Piedmont, Mo.</b> ADDRESS	

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 *Stanley H. Dixon*.....

Licensed Embalmer No. *419*.....

P. O. Address *H. L.*.....

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.