

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9283**

FILED MAR 25 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5660 Registrar's No. 19

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>LEWIS</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>LEWIS</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL DICKERSON</b> |  | c. CITY OR TOWN <b>MONTICELLO</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>XXXXX</b>  |  | e. STREET ADDRESS (If rural, give location) <b>2 mi. no. west Monticello</b>  | f. STREET ADDRESS (If rural, give location) <b>2 mi. no. west Monticello</b>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mi. no. west Monticello</b>                            |  |   |   |

|  |                               |   |   |   |   |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>SAM</b> b. (Middle) <b>BARCLAY</b> c. (Last) <b>GARNETT</b> |                               |   | 4. DATE OF DEATH <b>MARCH 13, 1957</b>                                  |   |   |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>6/5/1885</b>  | 9. AGE (In years last birthday) <b>71</b> | IF UNDER 1 YEAR Months <b>9</b> Days <b>8</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>GEN. FARMING</b>                 | 11. BIRTHPLACE (City and State or Foreign Country) <b>LA BELLE, MO.</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>       |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>HUGH GARNETT</b> | 13b. MOTHER'S MAIDEN NAME <b>MARTHA EWING</b> | 14. NAME OF HUSBAND OR WIFE <b>MARGARETTE GARNETT</b> |
|--|---|---|

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|---|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>XXXXXXXXXXXX 498-01-2872</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>MARGARETTE GARNETT</b> ADDRESS <b>MONTICELLO, MO.</b> |
|---|---|--|

|  |  |                                       |  |                                  |
|--|--|---------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION                 |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  | <b>Coronary Thrombosis</b>            |  | <b>2 weeks</b>                   |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (b) <b>Cerebral thrombosis</b> |  | <b>4 years</b>                   |
| II. OTHER SIGNIFICANT CONDITIONS   |  | DUE TO (c) <b>Arteriosclerosis</b>    |  | <b>15 yrs</b>                    |
| Conditions contributing to the death but not related to the disease or condition causing death.  |  | <b>Cerebral sclerosis</b>             |  | <b>15 yrs</b>                    |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <b>332X</b> 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) (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 12-17, 1956, to 3-8-, 1957, that I last saw the deceased alive on 3-8-, 1957, and that death occurred at 1:30 A m., from the causes and on the date stated above.

|  |                               |                                 |
|--|-------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>John S. ... N.O.</b> | 23b. ADDRESS <b>Canon, Mo</b> | 23c. DATE SIGNED <b>3-16-57</b> |
|--|-------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>3/15/57</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>TEN MILE</b> | 24d. LOCATION (City, town, or county) (State) <b>LEWIS COUNTY, MO.</b> |
|---|--------------------------|--|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <b>3-19-57</b> | REGISTRAR'S SIGNATURE <b>P. W. Jennings</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles L. ...</b> ADDRESS <b>Lewistown, Mo.</b> |
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Licensed Embalmer's Statement on Reverse Side

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

161-0

**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.....  
*Charles L. Arnold, Jr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MO.

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.