FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34872

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1192

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Thompson-Brumm-Knepper Clinic — Length of stay in 1b: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2717 Renick — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) Marguerite Manetta Garrett
4. DATE OF DEATH Month Day Year: Oct. 21, 1957
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: Dec. 1, 1900
9. AGE (In years last birthday): 56 — 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): Techician
10b. KIND OF BUSINESS OR INDUSTRY: Doctors office
11. BIRTHPLACE (City and state or country): St. Joseph, Missouri U.S.A.
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Joseph Cooper
13b. MOTHER'S MAIDEN NAME: Ethel Bentler
14. NAME OF HUSBAND OR WIFE: W. H. Garrett, (divorced)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-32-7377
17. INFORMANT: Mrs. A. L. Eckardt, 2717 Renick, St. Joseph, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) carcinomatosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) carcinoma of pt. ovary — 9 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 175 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 9, 57 to Oct. 21, 57 and last saw her alive on Oct. 20, 57
Death occurred at 12:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. G. Thompson Jr M D (Degree or title)
22b. ADDRESS 902 Edmond St. Joseph, Mo.
22c. DATE SIGNED 10-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-22-57
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman
ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 5, 1957
26. REGISTRAR'S SIGNATURE: Mrs Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

Student .....
Signature of Student Embalmer

Signed William [illegible]

Licensed Embalmer No. 4535

P. O. Address 3195 11th [illegible]

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.