

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

461

STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 49 Primary Registration District No. 4069 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macks Creek</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Macks Creek</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Macks Creek</u>		Length of stay in lb <u>69</u>	d. STREET ADDRESS (If outside, give location) <u>Macks Creek</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Margaret Elizabeth Garrett</u>			4. DATE OF DEATH Month Day Year <u>Jan. 3 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 17 - 1861</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Marshfield Mo</u>
13a. FATHER'S NAME <u>Carroll Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Berthena Kennedy</u>	14. NAME OF HUSBAND OR WIFE <u>Albert</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>492X</u>	17. INFORMANT Address <u>D. W. Williams Seminole Okla.</u>
18. CAUSE OF DEATH (Enter only one possible line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Tubercular Meningitis</u> DUE TO (b) <u>Anterior sclerosing with degeneration</u> DUE TO (c) <u>degeneration</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>10 years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>---</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. <u>---</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	
20e. CITY, TOWN, OR LOCATION <u>Camden, Mo</u>		20f. COUNTY STATE <u>Camden Co. Mo</u>	
21. I attended the deceased from <u>Dec-19-57</u> to <u>Jan-3-58</u> and last saw her/him alive on <u>Dec-30-57</u> on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>---</u>			
22a. SIGNATURE (Degree or title) <u>D. W. Williams M.D.</u>		22b. ADDRESS <u>Camden, Mo</u>	
22c. DATE SIGNED <u>Jan-7-58</u>		22d. PLACE SIGNED <u>Camden, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-5-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Macks Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>
24. FUNERAL DIRECTOR <u>Reed Funeral Home</u>		ADDRESS <u>Camden Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 5 1958</u>
26. REGISTRAR'S SIGNATURE <u>Alde R. Eldred</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Robert H Reed

Licensed Embalmer No. 3745
P. O. Address Candenton 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.