

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014184
STATE FILE NUMBER
1758

FILED APR 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1758

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5415 E. 29th. ST.		Length of stay in 1b 18 YEARS	d. STREET ADDRESS (If outside, give location) 5415 E. 29th. ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GARTH RAYMOND GARRETT			4. DATE OF DEATH Month Day Year APRIL 3, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 7 1899
9. AGE (In years, months, days, hours, min.) 58		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR	
10b. KIND OF BUSINESS OR INDUSTRY MOTION PICTURE		11. BIRTHPLACE (City and state or country) KANSAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME RALPH Garrett		13b. MOTHER'S MAIDEN NAME ANN FREEMAN	14. NAME OF HUSBAND OR WIFE Mrs. JOIE MAE GARRETT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 511-07-8921	17. INFORMANT Mrs. JOIE MAE GARRETT Address 5415 East 29th Street Kansas City, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) arteriosclerotic cardiovascular disease DUE TO (c) stroke 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 2 yrs 5 yrs 4 1/2
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input type="checkbox"/>		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 1952 to 4-3-58 and last saw her alive on 4-1-58 Death occurred at 5 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. L. Petry (Degree or title) MD		22b. ADDRESS 701 E 63d St. Kansas City Mo.	22c. DATE SIGNED 4-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 5-1958	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS Address 1371 Brush Creek Kansas City, MO		25. DATE RECD. BY LOCAL REG. 4-5-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. L. Petry

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 *Chester K Brown*

Licensed Embalmer No. *4931*
P. O. Address *KE 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..