

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019296

STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 86

|   |                                  |   |   |   |   |   |   |  |  |                                     |
|---|----------------------------------|---|---|---|---|---|---|--|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pulaski</b>   |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Georgia</b> b. COUNTY <b>Troup</b> |   |   |   |  |  |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Fort Leonard Wood, Mo</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY OR TOWN <b>La Grange</b>  |   | 81008<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>US Army Hospital</b>  |                                  |   | Length of stay in 1b  |   | d. STREET ADDRESS (If outside, give location)<br><b>1001 Callaway</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |  |                                     |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JERRY</b> Middle <b>ANDERSON</b> Last <b>GARRETT</b>  |                                  |   |   | 4. DATE OF DEATH<br>Month <b>MAY</b> Day <b>31</b> Year <b>1958</b>   |   |   |   |  |  |                                     |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>Sept 24, 1923</b>  |   | 9. AGE (In years last birthday)<br><b>34</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____         |  |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Soldier</b>   |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>US Army</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Talladega, Alabama</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |  |                                     |
| 13. FATHER'S NAME<br><b>Rubin Richard Garrett</b>   |                                  |   |   | 14. MOTHER'S MAIDEN NAME<br><b>Deceased</b>   |   |   |   |  |  |                                     |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. since war or dates of service)<br><b>Yes</b>  |                                  | <b>13 Yrs 10 Mos</b>  |   | 16. SOCIAL SECURITY NO.<br><b>424-14-5253</b>   |   | 17. INFORMANT Address <b>US Army Hosp</b><br><b>BERNARD S WYSOCKI, Maj, MSC, FT Leonard</b>   |   |  |  |                                     |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Asphyxiation</b>  |                                  |   |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH  |  |  |                                     |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  | DUE TO (b) <b>Smoke</b>   |   | DUE TO (c) _____  |   | 9166<br>40  |   |  |  |                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |   |   |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |  |                                     |
| 20a. ACCIDENT <input checked="" 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.)<br><b>By Fire in Cabin</b> |   |   |   |   |  |  |                                     |
| 20c. TIME OF INJURY<br>Hour <b>10:30</b> a. m.<br>Month <b>May</b> Day <b>31</b> Year <b>1958</b>   |                                  |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>       |   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Cabin # 10 Sindler Cabins</b> |   | 20f. CITY, TOWN, OR LOCATION<br><b>Waynesville</b> COUNTY <b>Pulaski</b> STATE <b>Mo</b>          |  |  |                                     |
| 21. I declare the deceased <del>was</del> <b>SAW</b> <del>was</del> <b>ON</b> <del>was</del> <b>May 31, 1958</b> <del>was</del> <b>DECEASED</b> <del>was</del> <b>DECEASED</b><br>Death occurred at <b>10:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   | 22a. SIGNATURE<br><b>Beryl Lantz Capt. MC</b> (Degree or title)   |   |   |   | 22b. ADDRESS<br><b>Fort Leonard Wood, Missouri</b> |  | 22c. DATE SIGNED<br><b>2 Jun 58</b> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>June 2 58</b>    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>LaGrange Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>La Grange Georgia</b>   |   |   |   |  |  |                                     |
| 24. FUNERAL DIRECTOR<br><b>HEDGES FUNERAL HOMES INC CROCKER MO</b> ADDRESS  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>6-2-58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Eula Mae Anderson</b>   |   |   |   |  |  |                                     |

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

580

**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..... *Clarence Snow*

Licensed Embalmer No. *489*

P. O. Address *Waymaville,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.