

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037478

STATE FILE NUMBER

6043

FILED OCT 29 1958

Registration District No. 301

Primary Registration District No. 6043

Registrar's No. 626

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Varner Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rural</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 1/2 mi. S. Naylor</b>		Length of stay in lb <b>2 Hours</b>	STREET ADDRESS (If outside, give location) <b>Rt. #1 Neelyville</b>
3. NAME OF DECEASED (Type or print) <b>Milburn Fred Garrett</b>		First Middle Last	4. DATE OF DEATH Month Day Year <b>Oct. 7, 1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 7, 1921</b>
9. AGE (In years by birthday) <b>37</b>		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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Ripley Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Mablon Garrett</b>	
13b. MOTHER'S MAIDEN NAME <b>Blanche Short</b>		14. NAME OF HUSBAND OR WIFE <b>Faith Garrett</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-24-9281</b>	17. INFORMANT Address <b>Mrs. Faith Garrett-Rt. #1 Neelyville</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACCIDENTAL MECHANICAL SUFFOCATION CAUSED BY PRESSURE.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CHEST CRUSHED STOPPING RESPIRATION.</b> DUE TO (c) <b>9101 3</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 MINUTES.</b>
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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.) <b>BUT END OF FALLING TREE, WHEN CUT, BOUNCED UP</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>9:00 a.m. 10-7-58</b>		<b>CATCHING VICTIM ACROSS SHOULDERS AND PINNING HIM TO THE GROUND IN A SQUATTING POSITION.</b>	
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>TIMBER, ON BANK OF 5 1/2 MI. S. NAYLOR, RIPLEY, MISSOURI.</b>	
20f. CITY, TOWN, OR LOCATION <b>91 COUNTY</b>		STATE	
21. I attended the deceased from <b>SLOUGH, NEAR HOME.</b> to <b>HOME.</b> and last saw her alive on <b>him</b>			
Death occurred at <b>9:00 A. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ray Measor; Colonel. 3</b>		22b. ADDRESS <b>DONIPHAN, MISSOURI.</b>	
22c. DATE SIGNED <b>OCT. 9, 1958.</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/9/1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Eaton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Naylor, Missouri</b>	
24. FUNERAL DIRECTOR <b>Edwards-Parrent</b>		25. DATE RECD. BY LOCAL REG. <b>10-27-58</b>	
26. REGISTRAR'S SIGNATURE <b>Flava Broz</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gene Harrent*

Licensed Embalmer No. *4809*  
P. O. Address *Naylor, 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.