

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001302
State File No.

FILED FEB 5 1959

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY OR TOWN OLA THE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 24 hrs.		e. STREET ADDRESS (If rural, give location) WEST PARK STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ALBERT c. (Last) GARRETT			4. DATE OF DEATH (Month) (Day) (Year) JAN. 20, 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 17, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 2 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) groceryman		10b. KIND OF BUSINESS OR INDUSTRY grocery store	11. BIRTHPLACE (City and State or Foreign Country) Holland, Arkansas.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME BENJAMIN GARRETT		13b. MOTHER'S MAIDEN NAME HANNAH, UNKN OWN		14. NAME OF HUSBAND OR WIFE MR S. IRENE GARRETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WW1-1919-1920		16. SOCIAL SECURITY NO. 487-07-5488		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS, ST. LUKE HOSP, K. C. MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis		10 yrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of stomach		1 yr.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1958, to Jan 20, 1959, that I last saw the deceased alive on Jan 20, 1959, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. L. Slentz, M.D.	(Degree or title)	23b. ADDRESS 4620 Nichols Chevy, K.C. Mo.	23c. DATE SIGNED 1-22-59
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-21-1959	24c. NAME OF CEMETERY OR CREMATORY JOHNSON CO. MEM. GARDENS	24d. LOCATION (City, town, or county) (State) JOHNSON COUNTY, KANSAS.

DATE REC'D BY LOCAL REG. 1-22-59	REGISTRAR'S SIGNATURE new Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Matthias W. Zup	ADDRESS Osborne Ks
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
E. L. Slentz

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 *Maureen W. Foye*.....

Licensed Embalmer No. *361*

P. O. Address *Deleto Ka*

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.