

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009188

STATE FILE NUMBER

FILED APR 14 1959

Registration District No.

137

Primary Registration District No.

Registrar's No.

87

1. PLACE OF DEATH

a. COUNTY **Henry**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Big Creek Twp**

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Ferguson**

4009
0

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **AT Harris**

Length of stay in lb
11 months

d. STREET ADDRESS (If outside, give location)
409 Mueller

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

DAVID

ALLEN

GARRETT

4. DATE OF DEATH

Month

Day

Year

April 8, 1959

5. SEX

male

0

6. COLOR OR RACE

white

7. MARRIED ☐ NEVER MARRIED ☒

WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Dec. 4, 1957

9. AGE (In years last birthday)

IF UNDER 1 YEAR
Months Days Hours Min.

1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

X

10b. KIND OF BUSINESS OR INDUSTRY

X

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

George Garrett

13b. MOTHER'S MAIDEN NAME

Betty Alvis

14. NAME OF HUSBAND OR WIFE

X

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.

none

17. INFORMANT

Address

George Garrett, Ferguson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Mongoloid - death apparently by cardiac decompensation. No medical attendant. Hospitalized at Mercy Hospital K.C. Mo in July 1958 -

INTERVAL BETWEEN ONSET AND DEATH

undeterminable

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

Facial + hand characteristics of Mongolian Idiocy.

3254

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

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 Death occurred at **10 pm**

No medical attendant. Died at home of heart failure.

and last seen her alive on **4-8-59**

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

W. B. Brashers, M.D. (Henry Co.)

Clinton, Mo.

4-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

4/11/59

Carpenter Cemetery

Chilhowee, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Cook Funeral Home, Chilhowee, Mo

4-10-59

Mildred Bigum

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Licensed Embalmer No. 4385

P. O. Address Chulhowe, N.

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.