

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007026

FILED VS FEB 25 1960

174 Primary Registration District No. 3035 Registrar's No. 14

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Length of stay in 1b 5 DA.	c. CITY OR TOWN BATES 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 LEXINGTON MEM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) East side of town Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type of print) NORA Hazel first Garret Last			4. DATE OF DEATH February 5 1960 Month Day Year		
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH October 20 1920/92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) YARROW, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Stanley Cabert		13b. MOTHER'S MAIDEN NAME LUCINDA PRATT		14. NAME OF HUSBAND OR WIFE Deceased	
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 RAYMOND GARRETT Address Bates City, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) acute myocardial infarction				12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) coronary atherosclerosis			unknown
	DUE TO (c) diabetes mellitus		unknown	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) adynamic ileus			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from **Feb 4 1960** to **Feb 6 1960** and last saw her **alive** on **Feb 6 1960**
Death occurred at **home** **A**m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph W. Kelly M.D.		22b. ADDRESS Lexington Mo		22c. DATE SIGNED 2-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-8-60	23c. NAME OF CEMETERY OR CREMATORY LONE JACK Cem.	23d. LOCATION (City, town, or county) LONE JACK Mo.	(State)

24. FUNERAL DIRECTOR Webb Funeral Home Oak Grove		ADDRESS Mo	25. DATE RECD. BY LOCAL REG. 2-20-60	26. REGISTRAR'S SIGNATURE Murray Garrett
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William J. Truitt

Licensed Embalmer No. 4732

P. O. Address Blue Springs

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.