

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011694

FILED VS APR 11 1960

Registration District No. 179 Primary Registration District No. 4291 Registrar's No. 51

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Old Monroe</u>		Length of stay in 1b <u>unknown</u>		c. CITY OR TOWN <u>Old Monroe Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Old Monroe Mo.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Old Monroe</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mattie</u> Middle <u>May</u> Last <u>Garrett</u>				4. DATE OF DEATH Month <u>3</u> Day <u>23</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/23/1891</u>	9. AGE (last birthday) <u>68yrs.</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>Franklin Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Oattie</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Otto Garrett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Otto Garrett Old Monroe Mo.</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocarditis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Viral Influenza Pneumonia</u>							<u>1 week</u>
DUE TO (c) _____							_____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardio-Vascular Renal Disease</u>						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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Hour _____ m. _____ p.m. 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 <u>March 19, 1960</u> to <u>March 23, 1960</u> and last saw her <u>him</u> alive on <u>March 23, 1960</u> Death occurred at <u>2:10 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Frank L. Sutton, D.O.</u>				22b. ADDRESS <u>Nimfield, Mo.</u>		22c. DATE SIGNED <u>3/25/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3/25/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew's</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		(State) _____
24. FUNERAL DIRECTOR <u>Rowland-Aker Mortuary Service</u> 4114 Manchester Ave. <u>St. Louis 10, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>4-2-1960</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

St. Louis 10, Mo

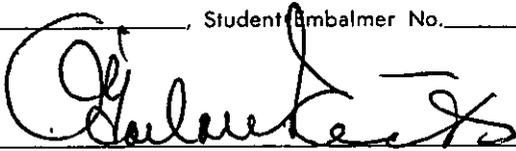
(Licensed Embelmer's Statement on Reverse Side)

MS APR 1 1971

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 
Licensed Embalmer No. 4012
P. O. Address Elshberg, 1

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.