

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022846

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 720

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 10 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2133 N. Jefferson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First ELLIS Middle W. Last GARRETT				4. DATE OF DEATH Month June Day 30 Year 1960											
5. SEX Male		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 6/1/1872		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) North Carolina				12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Joe Garrett				13b. MOTHER'S MAIDEN NAME Becky Harris				14. NAME OF HUSBAND OR WIFE Lexie Garrett (dec)							
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. -----		17. INFORMANT Route # 1, Address Coleman Garrett, Brookline, Missouri									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Cerebral Disease										INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 Hour _____ a.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>6/28/60</u> to <u>6/28</u> and last saw ^{her} him alive on <u>6/28/60</u> Death occurred at <u>10:30 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22. SIGNATURE (Degree or title) Luman W. Brown M.D.						22b. ADDRESS 311 1/2 College						22c. DATE SIGNED 7/4/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 7/5/1960		23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant				23d. LOCATION (City, town, or county) (State) West of Willard, Missouri.					
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri.						25. DATE RECD. BY LOCAL REG. 7-6-60		26. REGISTRAR'S SIGNATURE Effie S. Melton							

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold F. [Signature]

Licensed Embalmer No. 507

P. O. Address [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.