RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

-60-025205
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1721

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN WAYNESVILLE
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS R. # 1 (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle FORREST Last Garrett
~~Forrest WILLIAM~~

4. DATE OF DEATH Month 5 Day 31 Year 60

5. SEX M
6. COLOR OR RACE W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 3, 1919
9. AGE (last birthday) 40
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY T.V. Repair
11. BIRTHPLACE (City and state or country) BLACKWELL, ARK. ~~Morrelton~~
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME S. F. Garrett
13b. MOTHER'S MAIDEN NAME Minnie May Edwards
14. NAME OF HUSBAND OR WIFE Mary Hatt Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1946-47
16. SOCIAL SECURITY NO.
17. INFORMANT W.B. Posey Address Crocker, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 5/30/60, to 5/31/60 and last saw him alive on 5/31/60
Death occurred at 5 25 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Morris Gordon (Degree or title) M.D.
22b. ADDRESS 601 S Brentwood, Clayton, Mo
22c. DATE SIGNED 6/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-1-60
23c. NAME OF CEMETERY OR CREMATORY MALDEN
23d. LOCATION (City, town, or county) (State) MALDEN. Mo

24. FUNERAL DIRECTOR Billy Hodges Jr ADDRESS RICHLAND MO
25. DATE RECD. BY LOCAL REG. 6-1-60
26. REGISTRAR'S SIGNATURE Glen E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

6-29-60 ih

Morrelton DOCUMENT

11 Blackwell, Arkansas BY AFFIDAVIT OF informant

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesvill

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