RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038364

FILED VS. OCT 27 1960

DED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4890 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b —
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hosp
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 5415 E. 29th (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Stanley Middle Raymond Last Garrett
4. DATE OF DEATH Month 9 Day 25 Year 60
5. SEX male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/29/20
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 K. C. ASSOCIATION FOR THE BLIND
11. BIRTHPLACE (City and state or country) Ottawa, Kans.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GARTH R. GARRETT
13b. MOTHER'S MAIDEN NAME Josie M. Camper
14. NAME OF HUSBAND OR WIFE Ethel M. Garrett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) ---
SOCIAL SECURITY NO. 512-14-0079
17. INFORMANT MRS. RAY GARRETT Address 5415 EAST 29TH STREET KANSAS CITY, MISSOURI

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) Bronchopneumonia
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) Diabetes Mellitus Bronchial Asthma
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 12:10 pm 9-25-60 to 9-25-60 and last saw him alive on 9-25-60
Death occurred at 11:55 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H. L. Dwyer (Degree or title) M.D.
22b. ADDRESS 2400 Cherry City
22c. DATE SIGNED 9/26/60

BY AFFIDAVIT OF H. L. Dwyer

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT. 28, 1960
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 9-28-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 49

P. O. Address K C M

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