

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-041252**

**FILED VS DEC 5 1960**

Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 52

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camdenton</u>		c. CITY OR TOWN <u>Camdenton</u>	
Length of stay in lb <u>life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Homer</u>	Middle	Last <u>Garrett</u>	Month <u>November</u>	Day <u>28</u>	Year <u>1960</u>
5. SEX <u>Male</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>3/25/93</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR   IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Camden County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>George Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Laude Garrett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Laude Garrett Camdenton, Missouri</u>	

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) <u>Medullary Failure</u>		<u>minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>excessia &amp; Intoxication</u>	<u>6 wks</u>
	DUE TO (c) <u>Carcinomatosis</u>	<u>2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Carcinoma of the Liver</u>		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 1950 to 1960 and last saw him alive on 11-28-60  
Death occurred at 8:10 A m on the date stated above, end to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Sumner B. Selway MD</u> (Degree or title)	22b. ADDRESS <u>Camdenton, Missouri</u>	22c. DATE SIGNED <u>10/28/60</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	23b. DATE <u>11/30/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montreal Cemetery</u>
23d. LOCATION (City, town, or county) <u>Camden County</u>		(State)

24. FUNERAL DIRECTOR <u>Walter P. Neeges</u> Neeges Funeral Home Camdenton, Mo.	25. DATE RECD. BY LOCAL REG. <u>Nov. 30-1960</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha J. Innow</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 030  
DEC 5 1960

JUN 13 1962

**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 Walter F. Hedge

Licensed Embalmer No. 4265

P. O. Address Camdenton, Mis

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.