

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046067

FILED VS JAN 11 1961

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

6405

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 39 years	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5130 Woodland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle THOMAS Last GARRETT			4. DATE OF DEATH Month DECEMBER Day 20 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 11/21/1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Phillips 66	11. BIRTHPLACE (City and state or country) Benton, Arkansas	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME JOHN H. GARRETT		13b. MOTHER'S MAIDEN NAME EFFIE B. GARNER		14. NAME OF HUSBAND OR WIFE GOLDIE R. GARRETT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 443-05-6487	17. INFORMANT Kenneth E. Garrett, Richards Gebaur			
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) Acute Pulmonary Infarct					2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Old Chronic Myocardial Infarct					2 years	
DUE TO (c) Chronic Coronary Atherosclerosis					2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mitral Stenosis, adhesive pericarditis & pleuritis				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 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 Dec 1, 1950 to Dec. 20, 1960 and last saw ^{him} him alive on Dec 19, 1960 Death occurred at 5:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE John K. Caldwell MD		(Degree or title)	22b. ADDRESS 1036 Arroyo Rd Kansas City Mo.		22c. DATE SIGNED 1/20/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC. 22, 1960	23c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery	23d. LOCATION (City, town, or county) TOPEKA	STATE KANSAS		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.		ADDRESS 1331 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. 12-21-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer		

DOCUMENT

BY AFFIDAVIT OF JOHN K. CALDWELL, M.D. MEDICAL CERTIFICATION

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

Louis Quest

Licensed Embalmer No. 4096

P. O. Address K.C.M.

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.