	PUE	STATE FILE NUMB	ER
MENDED	, 1	Registration District No. 276 Primary Registration District No. 601 Registrat's No. 601	
		1. PLACE OF DEATH  a. COUNTY  Ray  2. USUAL RESIDENCE (Where deceased lived. If institution: Research and the country and the	sidence before admission)
		b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Inside Limits
		C. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  d. STREET  ADDRESS  ADDRESS	Reside on Farm
-	-	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day (Type or grint) OF	Year
		Marvin Kenneth Garrett DEATH Aug. 18, 1961	
		1 or one of the control of the contr	Hours M
		during most of working life, even if retired)  Labor  13b. MOTHER'S MAIDEN NAME  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE	
		Arthur Garrett Rosie Fasham Maryhell McFee	
		(Yes, no, or unknown) (If yes, give war or dates of service)	
	DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).	ET AND EA
	OCU	The state of the s	
	_	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 we there a pregnancy III. If deceased we have a pregnancy III. If deceased we have a pregnancy III. III. III. III. III. III. III. II	s female in last 90
		19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of	
		PERFORMED?	11 <b>6</b> 111 10.,
11		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
		20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY	STA
		21. I attended the deceased from 960, to death and last saw him alive on deg.	194
		Death occurred at 10-55 m on the date stated above, and to the best of my knowledge, from the caus	
	VIT OF	Fig. Covies vid Technond, Mo.	2c. DATE SI
, ,	–∢ ।	REMOVAL (Specify)	(State)
$\dagger \dagger$	댎	Burial Aug 20 1961 South Point Orrick Mo.	
$\dagger \dagger$	BY AFFIDA	Wilbur McAfee Orrick Mo.  Wilder McAfee Orrick Mo.	la se

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	corded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	$\Lambda$ . $\Omega$
Student	Signed John Pasley
Signature of Student Embalmer	
	Licensed Embalmer No. 4308
	P. O. Address Liberty MD
Note: The above MUST BE SIGNED BY THE LIC with the above constitutes grounds for revocation of licens	CENSED EMBALMER in his OWN HANDWRITING. (Failure to comply se).
If embalmed by a STUDENT, he also shall sign in If this body is not embalmed, fact should be so sta	his OWN handwriting.