

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-002163**

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 59

AMENDED

**FILED FEB 13 1962**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDEPENDENCE</b>		c. CITY OR TOWN <b>INDEPENDENCE</b>	
Length of stay in lb <b>18 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>416 E. COLLEGE</b>		d. STREET ADDRESS (If outside, give location) <b>809 W. WHITE OAK</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>DOROTHY</b> Middle <b>MAY</b> Last <b>GARRETT</b>			4. DATE OF DEATH Month <b>FEBRUARY</b> Day <b>2</b> Year <b>1962</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-27-1924</b>	9. AGE (last birthday) <b>37</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done (If retired, give type of work)) <b>PATTERN DEPARTMENT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NELLY DON MFG.</b>	11. BIRTHPLACE (City and state or country) <b>BOONEVILLE, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GILBERT G. GOLDEN</b>	13b. MOTHER'S MAIDEN NAME <b>ELLEN M. MC NAUGHTON</b>	14. NAME OF HUSBAND OR WIFE <b>WALTER H. GARRETT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>Walter H. Garrett, 809 W. White Oak, Indep.</b>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Maternal hemorrhage from 5mm</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) <b>Patent in course for 2 mo following attempted suicide</b>		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	
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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.)
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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
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21. I attended the deceased from <b>Dec 12, 1961</b> to <b>Feb 2, 1962</b> and last saw her alive on <b>Feb 2, 1962</b> Death occurred at <b>8:15 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Zoe M. Sperry MD</b>	22b. ADDRESS <b>227 E. College</b>	22c. DATE SIGNED <b>2/2/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-5-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>	23d. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>2-4-62</b>	26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DATE AMENDED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

Dr. Sperry  
301 W No.

FEB 27 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leroy J Tyler

Licensed Embalmer No. 4941

P. O. Address Independence Mo

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.