

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002599
STATE FILE NUMBER

AMENDED

Registration District No. 981- Primary Registration District No. 3039 Registrar's No. 13

FILED JAN 24 1962

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		Length of stay in 1b		c. CITY OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brookfield Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 823 Lincoln St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last THENIS REID GARRETT				4. DATE OF DEATH Month Day Year January 12, 1962				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-7-1875	9. AGE (last birthday) 86	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Indianapolis, Ind.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Dr. William Reid			13b. MOTHER'S MAIDEN NAME Minerva - -			14. NAME OF HUSBAND OR WIFE James H. Garrett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Ray W. Mrs. Roy Wood, Fairfax, Va. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary occlusion							INTERVAL BETWEEN ONSET AND DEATH 3 hours	
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 (a) Congestive Heart Failure							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 1-12-62 to 1-12-62 and last saw her/him alive on 1-12-62 . Death occurred at 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R. W. DeWitt M.D.				22b. ADDRESS Brookfield Mo.		22c. DATE SIGNED 1-13-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-16-1962	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Brookfield, Mo.			
24. FUNERAL DIRECTOR Wright Funeral Home, Brookfield, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 1-16-62		26. REGISTRAR'S SIGNATURE Lenna Watson			

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

INSTEAD OF

3/26/62

Mrs. Roy Wood

Mrs. Ray W. Wood

BY AFFIDAVIT OF Funeral Director

JAN 25 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 H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.