

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012207

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 167

Primary Registration District No. 5608 Registrar's No. 213

STATE FILE NUMBER

|                     |              |  |
|---------------------|--------------|--|
| VS 300<br>Rev. 4/59 | DATE AMENDED |  |
| 0510                |              |  |
| 2510                |              |  |
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| 4 0                 |              |  |
| 5 1                 |              |  |
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| 11                  |              |  |
| 12 90-3             |              |  |
| 13 4-0              |              |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Johnson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>Madison Twp</b>   |   | Length of stay in 1b<br><b>10 years</b>   | c. CITY OR TOWN <b>Holden</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTE <b>Route #3, Holden, Mo.</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Route #3</b><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>ROY B. GARRETT</b>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>March 10, 1963</b>  |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2/17/1913</b>   |
| 9. AGE (last birthday)<br><b>50</b>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farming &amp; industry</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Bendix Corporation Lone Jack, Mo.</b>   | 11. BIRTHPLACE (City and state or country)<br><b>U.S.A.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13a. FATHER'S NAME<br><b>William Walter Garrett</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Hazel Nora Cavet</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Edith L. Brayles Garret</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>yes WW #2</b>  |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>  |  |
| 17. INFORMANT<br><b>Edith L. Garrett, Holden, Missouri</b>   |   | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gunshot Wound in Head</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>sudden</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Self Inflicted.</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)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour s.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 <b>did not attend</b> to <b>dead</b> and last saw him <b>live</b> on <b>3/10/1963</b><br>Death occurred at <b>1:45 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><b>Kelly Rawlins</b> (Degree or title)<br><b>M.D. Coroner</b>  |   | 22b. ADDRESS<br><b>Holden, Missouri</b>   | 22c. DATE SIGNED<br><b>3/11/63</b> (State)   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>3/12/1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Holden Cemetery</b>  | 23d. LOCATION (City, town, or county)<br><b>Holden, Missouri.</b> (State)  |
| 24. FUNERAL DIRECTOR<br><b>Canaday and Ropp, Holden, Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>3-11-63</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Bernice Rees</b>  |  |

USE BLACK INK OR TYPEWRITER RIBBON

MAR 25 1963

APR 3 1963

MAR 28 1963

**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 M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

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.