

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-038385

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 206

FILED OCT 4 1965

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <b>9/4/65-9/27/65</b>		d. STREET ADDRESS <b>751 E. Thomas, Marshall</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>John Fitzgibbon Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Robert - Garrett, Jr.</b>			4. DATE OF DEATH Month <b>9</b> Day <b>27</b> Year <b>1965</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</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>6/23/180</b>	9. AGE (last birthday) <b>85 years</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Slaughtering</b>	11. BIRTHPLACE (City and state or country) <b>Finnis Creek, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>

13a. FATHER'S NAME <b>Robert Garrett, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Walker</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Patsy Garrett</b>	
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>None</b>		17. INFORMANT Address <b>751 E. Thomas</b> <b>Mrs. Patsy Garrett, Marshall, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>State Pneumonia</b> DUE TO (c) <b>O.V.D.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 wks.</b>
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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. <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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 **9-15-65** to **9-27-65** and last saw her alive on **9-27-65**  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Donald L. Miller M.D.</i>	22b. ADDRESS <b>Marshall, Mo.</b>	22c. DATE SIGNED <b>9-30-65</b>
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23a. BURIAL, CREMATION, or other disposal (Specify) <b>Funeral</b>	23b. DATE <b>Oct. 2-65</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	23d. LOCATION (City, town, or county) <b>Marshall, Missouri</b>	(State) <b>Missouri</b>
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24. FUNERAL DIRECTOR <i>Garrett H. Green</i>	ADDRESS <b>Fulton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-2-65</b>	26. REGISTRAR'S SIGNATURE <i>Cecil G. Read</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0972

2 0972

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4 2

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12 1-0

13 3-0

**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 George H. Gunn  
Licensed Embalmer No. 4220

P. O. Address Butler, 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.