

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH9101
State File No. 4

FILED MAR 23 1949

BIRTH NO.		REG. DIST. NO. 182		PRIMARY REG. DIST. NO. 5686		Registrar's No. 4	
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, write RURAL and give township) OR TOWN Linneus Rural				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Martha		b. (Middle) H		c. (Last) Garrett	
						4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 49	
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 1, 1862	
						9. AGE (In years last birthday) 86	
						10. UNDER 1 YEAR Months 5	
						10. UNDER 1 YEAR Days 2	
						10. UNDER 1 YEAR Hours	
						10. UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William H. Cassity				13b. MOTHER'S MAIDEN NAME Louisa Jones			
14. NAME OF HUSBAND OR WIFE J. J. 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. NO			
17. INFORMANT'S SIGNATURE OR NAME Jay Garrett				ADDRESS Browning			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis			
				INTERVAL BETWEEN ONSET AND DEATH 5 years			
				ANTECEDENT CAUSES			
				DUE TO (b) to Angina			
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. Semivital - Hypertension			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 30, 1949, to Feb 24, 1949, that I last saw the deceased alive on Feb 22, 1949, and that death occurred at 6 P. M., from the causes and on the date stated above.							
23a. SIGNATURE L.R. McArtor (Degree or title) M.D.				23b. ADDRESS Browning Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-28-49		24c. NAME OF CEMETERY OR CREMATORY Purdin		24d. LOCATION (City, town, or county) Mo. (State)	
DATE REC'D BY LOCAL REG. March 12-49		REGISTRAR'S SIGNATURE Mrs. Edie Kelley		25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home		ADDRESS Browning	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Gerald Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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 this body is not embalmed, fact should be so stated above.