

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File **33663**

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	
c. LENGTH OF STAY (in this place) <u>60 years</u>		d. STREET ADDRESS (If rural, give location) <u>SOUTH CARTER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAWRENCE</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>GARRETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>2/27/1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>BIRDSTOWN Ky 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Garrett</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Michael</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u>489-28-3408</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Whitcotton</u>	ADDRESS <u>Clinton</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Bronchitis Chr</u> <u>and Pleurisy with Effusion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>501X</u>

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 9/23, 1949, to 10/29, 1949 that I last saw the deceased alive on 10/29, 1949, and that death occurred at 12 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed C. Peeler M.D.</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>10/31/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/29/49</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	422125 FUNERAL DIRECTOR'S SIGNATURE <u>J E Connelley</u>	ADDRESS <u>Clinton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer N

District File Number 11-4-9

Date Filed 11-7-4

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

J. E. Connelley

Licensed Embalmer No. 1891

P. O. Address Clinton, N.Y.

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.