

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044635

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 380 Primary Registration District No. 3099 Registrar's No. 507

STATE FILE NUMBER

FILED DEC 5 1963

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		c. CITY OR TOWN MARCELINE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 430 W. RITCHIE		d. STREET ADDRESS (If outside, give location) 430 W. RITCHIE	

3. NAME OF DECEASED (Type or print) JESS CHARLES GARRETT			4. DATE OF DEATH Month 11 Day 29 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-20-1876	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 5 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) UNKNOWN USA	
13a. FATHER'S NAME CHAS. GARRETT		13b. MOTHER'S MAIDEN NAME OLLIE DELL HARRISON		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT RUTH NIXON	
				Address BROOKFIELD MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Third degree Burns & Suffocation		INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
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)		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 checked="" 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.) Burned in fire at home.
20c. TIME OF INJURY Hour 11 Month 11 Day 29 Year 63 p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	20f. CITY, TOWN, OR LOCATION MARCELINE	COUNTY LINN	STATE MO.
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21. I attended the deceased from _____ to _____ and last saw her alive on _____.
Death occurred at **Approx 1100 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. H. Hight	(Degree or title) Coroner	22b. ADDRESS Madisonville MO	22c. DATE SIGNED 11/30/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-30-1963	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEM.	23d. LOCATION (City, town, or county) MARCELINE MO.
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24. FUNERAL DIRECTOR MILLER-Tillotson	ADDRESS MO MARCELINE	25. DATE RECD. BY LOCAL REG. 11-30-63	26. REGISTRAR'S SIGNATURE Curran Watson
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(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 11-21
2 02-01
3
4 0
5 0
6
7 9
8 2
9 9160
10 16
11 1157
12 90-3
13 2-0

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 Lilburn K. Tillatson

Licensed Embalmer No. 4508

P. O. Address Mareline
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.