

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0026895

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 74

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) MILAN		c. CITY OR TOWN Browning	
c. FULL NAME OF (If NOT in hospital, give location) Sullivan Co Mem Hosp		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Jay W Garrett		4. DATE OF DEATH 6 28 1966	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/7/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repair Shop		10b. KIND OF BUSINESS OR INDUSTRY Weler & Retail	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John J. Carrett		13b. MOTHER'S MAIDEN NAME Cassity	
14. NAME OF HUSBAND OR WIFE Mary Garrett		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. 497307293		17. INFORMANT Mary Garrett	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 24	
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	
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 a.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 Sullivan	20g. COUNTY Sullivan
21. I attended the deceased from 3/4/5 to 6/2/66 and last saw her alive on 6/20/66		22. DATE SIGNED 6/29/66	
22a. SIGNATURE J. M. Jenkins	22b. ADDRESS Jenkins	22c. DATE SIGNED 6/29/66	
23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial	23b. DATE 6/30/66	23c. NAME OF CEMETERY OR CREMATORY Jenkins	23d. LOCATION (City, town, or county) (State) Browning Rural Mo
24. FUNERAL DIRECTOR Wade Funeral Home	25. DATE RECD. BY LOCAL REG. 7-8-66	26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1966

DEC 21 1966

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 Gerald F 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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