

FILED JUN 13 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 15827

BIRTH NO.		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 5005		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 5, Butler, Missouri</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Butler</u> c. (Last) <u>Garnett</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 23, 1872</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Cole Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Reuben Garnett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hoxter</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Garnett - Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. B. Garnett Butler, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>CARCINOMA PANCREAS + LIVER</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>MYOCARDIAL FAILURE</u> <u>CACCHEXIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNDET.</u>  <u>UNDET.</u>  <u>4 DAYS 6 Hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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? <u>157X</u>			
22. I hereby certify that I attended the deceased from <u>APRIL 24, 1950</u> , to <u>JUNE 3, 1950</u> , that I last saw the deceased alive on <u>JUNE 3, 1950</u> , and that death occurred at <u>2:20 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John M. Cooper</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>BUTLER, MO</u>		23c. DATE SIGNED <u>June 5, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>California Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Wendall Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culver - Underwood - Butler - Mo</u>			

(Licensed Embellisher's Statement on Reverse Side)

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

RECEIVED 6-12-50

District Health Officer No. 7,

District File Number 5-50-633

Date Filed 6-12-50

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Grace T. Hill

Signed .....

Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, Missouri

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.