

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7788
Registrar's No. 50

BIRTH NO. 49-013320 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

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

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 17	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			d. STREET ADDRESS (If rural, give location) 410 Broadway		

3. NAME OF DECEASED (Type or Print)	a. (First) Jerry	b. (Middle) Everett	c. (Last) Garrison	4. DATE OF DEATH (Month) (Day) (Year) March 1, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH Feb. 28, 1949	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 1 Hours 5 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME C. E. Garrison	13b. MOTHER'S MAIDEN NAME Verna Connell	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME C. E. Garrison, Jefferson City, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 17 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, Congenital with		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hemorrhage into the lung substance, DUE TO (c) cause undetermined. 2° burn of		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. outer aspect of both thighs due to			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION hot water bottle	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb. 28, 1949, to March 1, 1949**, that I last saw the deceased alive on **Mar. 1, 1949**, and that death occurred at **3:05 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John S. Bennett, M.D.	23b. ADDRESS 507 E. High, Jefferson City, Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 2, 1949	24c. NAME OF CEMETERY OR CREMATORY Enloe Cemetery	24d. LOCATION (City, town, or county) (State) Russellville, Missouri
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DATE REC'D BY LOCAL REG. Mar 2-1949	REGISTRAR'S SIGNATURE R. P. Davis	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Russellville, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.