

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22408

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY OR TOWN <b>MTN GROVE MO</b>		c. CITY OR TOWN <b>Mtn Grove</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>CARROL</b> c. (Last) <b>GARRISON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUN 11 49</b>
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APR 16 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Labourer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>25</b> IF UNDER 12 HRS. Hours Min.
11a. FATHER'S NAME <b>William Garrison</b>		11b. MOTHER'S MAIDEN NAME <b>OREGON BIVENS</b>	11. BIRTHPLACE (State or foreign country) <b>Laclede Co. MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		14. NAME OF HUSBAND OR WIFE	
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 <b>OWEN GARRISON</b> ADDRESS <b>MTN GROVE MO</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Alcoholism</b> DUE TO (c) <b>Senile</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>3222</b>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:00 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Thomas D. Houldt, Coroner</b>		23b. ADDRESS <b>Woods MO</b>	23c. DATE SIGNED <b>6/11/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-13-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LONE STAR</b>	24d. LOCATION (City, town, or county) (State) <b>MTN GROVE MO</b>
DATE REC'D BY LOCAL REG. <b>6-17-49</b>	REGISTRAR'S SIGNATURE <b>A.B. Ames</b>	348	25. FUNERAL DIRECTOR'S SIGNATURE <b>GRABLE-WINDLE</b> ADDRESS <b>MTN GROVE MO</b>

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

114  
6

6  
0

RECEIVED

District Health Officer No. 6

District File Number 649-701

Date Filed 6-22-49

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Mtn Grove, 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 this body is not embalmed, fact should be so stated above.