

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43958

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6150 Registrar's No. 38

1. PLACE OF DEATH: a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - New Glasgow</u>		c. LENGTH OF STAY (in this place) <u>2030</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - New Glasgow</u>		d. STREET ADDRESS (If rural, give location) <u>Swinton, Mo</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev. JAMES TAYLOR GARRISON</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 16, 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Baptist Churchwell Co. Ky.</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Thurston Garrison</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy</u>	14. NAME OF HUSBAND OR WIFE <u>Mary J. Garrison - Swinton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James C. Garrison, St. Louis</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</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>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>334X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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?			
22. I hereby certify that I attended the deceased from <u>1940</u> , to <u>10-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-28</u> , 19 <u>49</u> , and that death occurred at <u>1:55 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C. A. Masters</u>			23b. ADDRESS <u>Advauce, Mo.</u>		23c. DATE SIGNED <u>12-30-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct. 30, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Advauce, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-19-50</u>	REGISTRAR'S SIGNATURE <u>Floyd S. Morgan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd S. Morgan</u>	ADDRESS <u>Advauce, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 6 1950
District Health Office No. 2
District File Number 250-11
Date Filed _____

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 _____

William H. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

William H. Morgan

Licensed Embalmer No. _____

7640

P. O. Address _____

Advance, 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.