

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1603

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 2033 Registrar's No. 200

532
0

1. PLACE OF DEATH
a. COUNTY Laclede

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY Camden

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon c. LENGTH OF STAY (In this place) 4 weeks c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iron Creek 0156

d. FULL NAME OF HOSPITAL OR INSTITUTION Louis Wallace Hosp. d. STREET ADDRESS (If rural, give location) Gen Del

3. NAME OF DECEASED (First) (Middle) (Last) John William Garrison 4. DATE OF DEATH (Month) (Day) (Year) Jan 4 1950

5. SEX Mr COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Oct 26 - 1879 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 70 2 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchandise 10b. KIND OF BUSINESS OR INDUSTRY groceries 11. BIRTHPLACE (State or foreign country) Greatorville Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Garrison 13b. MOTHER'S MAIDEN NAME Rhoda Akene Elets Hillhouse 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Etele Garrison ADDRESS Iron Creek Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic liver abscess MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 4 months
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cardiac decompensation
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 582X

19a. DATE OF OPERATION 12/16/49 19b. MAJOR FINDINGS OF OPERATION multifocal abscesses liver 20. AUTOPSY? YES NO

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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 1949, to 1/4, 1950, that I last saw the deceased alive on 1/4, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE F. H. Johnson, MD (Degree or title) 23b. ADDRESS Lebanon Mo 23c. DATE SIGNED 1/4/50

24a. DATE OF BURIAL OR REMOVAL (Specify) Burial 1/7 24b. DATE Jan 7-50 24c. NAME OF CEMETERY OR CREMATORY Hill House 24d. LOCATION (City, town, or county) (State) Camden Co Mo

DATE REC'D BY LOCAL REG. 1-7-1950 REGISTRAR'S SIGNATURE Hella L. Day 424 25. FUNERAL DIRECTOR'S SIGNATURE Bankow Wooley ADDRESS Camden Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Received JAN 7 1950

Laclede County Health Unit

File No. 1-50-1

Date Filed JAN 9 1950

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.....
Student Embalmer

Signed

Abbie Bankson Woelke

Licensed Embalmer No. 2488

P. O. Address

Cumbeaton, 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.