

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15624**

FILED MAY 1 1950

BIRTH NO. _____		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 6186		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Taney			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McClurg, R, Beaver		c. LENGTH OF STAY (In this place) 83		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McClurg, Rural, Beaver			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 103			
3. NAME OF DECEASED (Type or Print) a. (First) U.		b. (Middle) Grant		c. (Last) Garrison		4. DATE OF DEATH (Month) (Day) (Year) 3-22-50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-31-66	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 10 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rome, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Abner Garrison		13b. MOTHER'S MAIDEN NAME Catherine		14. NAME OF HUSBAND OR WIFE Mary Burk Garrison			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oris Mitchell McClurg, Mo.			
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) Toxemia from vomiting ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Ca of prostrata II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs 197X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:50A. m., from the causes and on the date stated above.							
23a. SIGNATURE W. C. Denton M.D. (Degree or title)				23b. ADDRESS Mo		23c. DATE SIGNED 3-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-23-50		24c. NAME OF CEMETERY OR CREMATORY Palmer		24d. LOCATION (City, town, or county) (State) McClurg, Missouri	
DATE REC'D BY LOCAL REG Apr 14-1950		REGISTRAR'S SIGNATURE A. E. Caswell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—1060

~~RECEIVED APR 17 1950
District Health Office No. 6,
District File Number 450-461
Date Filed 4-17-50~~

RECEIVED APR 27 1950
District Health Office No. 6,
District File Number 450-490
Date Filed 4 | 27 | 50

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, Md.

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.