

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41706

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Central Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Central Township</u>	
c. LENGTH OF STAY (In this place) <u>4 Years</u>		d. STREET ADDRESS (If rural, give location) <u>Perryville, R.2.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Perryville, R.2.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Sherman</u> c. (Last) <u>Garris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 11, 1950</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 22, 1874</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Saline County, Illinois</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Elijah Garris</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Reynolds Garris</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Sigafus Garris</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or 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 ADDRESS <u>Mrs. Pearl Garris, Perryville, Mo. R. 2.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
*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 DUE TO (b) <u>Arteriosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		334X	
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>1946</u> , to <u>Dec 11, 1950</u> , that I last saw the deceased alive on <u>Dec 11, 1950</u> , and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm Weidman 2:50</u>		23b. ADDRESS <u>Perryville, Mo</u>	23c. DATE SIGNED <u>12/11/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>December 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wittenberg Public</u>	24d. LOCATION (City, town, or county) (State) <u>Wittenberg, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 12 - 1950</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zollner 250</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Bey, Perryville, Mo.</u>	

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

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No

File No.....

RECEIVED
JAN 11 1951

Robert M. [unclear]
[unclear]

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Albert Bey

Signed.....
Student Embalmer

401p/491

Licensed Embalmer No. *3866*

P. O. Address *06 Ferrisville, Ms.*

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.