

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11427

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3008 Registrar's No. 198

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|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Wilbarger</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> | c. LENGTH OF STAY (In this place) <u>7 Mos.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vernon</u> <u>8420</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.O.S. Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>7</u> | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) <u>Garrison</u> c. (Last) <u>Still</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1951</u> | | |
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|----------------------|-------------------------------|---|---------------------------------------|--|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | 8. DATE OF BIRTH <u>Sept. 2, 1894</u> | | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------------|--|---|---|---|

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|--|--|--|---|--|------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u> | 11. BIRTHPLACE (State or foreign country) <u>Virginia</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ |
|--|--|--|---|--|------------------------------------|

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|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Aurelus Garrison</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Herman T. Still (D)</u> | | |
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| 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 <u>Herman T. Still, 705-E-Patterson</u> ADDRESS <u>Kirksville, Mo</u> | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</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>Metastatic Carcinoma Brain</u> DUE TO (c) <u>Bronchogenic Carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>3 Mon</u> <u>9 Mon</u> |
|--|--|--|--|--|

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|------------------------------|--|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>162x</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|--|

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|--|--|---|--|
| 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) _____ | |
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| | | |
|--|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 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 Oct. 6 1950, to Apr. 18 1951, that I last saw the deceased alive on April 18, 1951, and that death occurred at 10:25A m., from the causes and on the date stated above.

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|---|--|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | 23b. ADDRESS <u>1002 K.O.H. Kirksville, Mo</u> | 23c. DATE SIGNED <u>4/18/51</u> |
|---|--|---------------------------------|

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|--|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>April 19, 51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>-----</u> | 24d. LOCATION (City, town, or county) (State) <u>Vernon, Texas</u> |
|--|-------------------------------|---|--|

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|---|--|---|
| DATE REC'D BY LOCAL REG. <u>4-19-51</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Kirksville, Mo</u> |
|---|--|---|

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

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Date Received: APR 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-789
Date Filed: APR 23 1951

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.....

Robert B. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri.

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.