

FILED JUL 2- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21841**

Registrar's No. **78**

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **6200**

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Texas	
b. CITY OR TOWN Rural Morris		c. CITY OR TOWN Rural Morris	
c. LENGTH OF STAY (in this place) 47 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY (If outside corporate limits, write RURAL and give township) 1010	

3. NAME OF DECEASED (Type or Print)	a. (First) Don	b. (Middle) EDWARD	c. (Last) GARRISON	4. DATE OF DEATH (Month) (Day) (Year)
				June 14 1951

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 13, 1904	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) merchant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Texas Co. Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joe Garrison	13b. MOTHER'S MAIDEN NAME Edley Duke	14. NAME OF HUSBAND OR WIFE Opal
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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)	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Opal Garrison, Huggins, Mo.	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 10 min.
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*This does not mean the mode of dying, such as heart failure, asphyxia, 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) Cardiac decompensation	2 wks
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II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	Essential Hypertension	7 1/2 mo
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Uremia	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-4**, 19**50**, to **6-14**, 19**51**, that I last saw the deceased alive on **6-14**, 19**51**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Scott H. Kramer M.D.	(Degree or title)	23b. ADDRESS Houston, Mo.	23c. DATE SIGNED 6-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-17-51	24c. NAME OF CEMETERY OR CREMATORY Houston	24d. LOCATION (City, town, or county) (State) Houston Mo.
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DATE REC'D BY LOCAL REG. 6-19-51	REGISTRAR'S SIGNATURE Raynell Cunningham	25. FUNERAL DIRECTOR'S SIGNATURE Duffell	ADDRESS Houston Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

070

1951 OCT 17 1951
DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 25 1951

Dist. File _____

Date Filed _____

AUG 10 1951

1951 JUL 25 701

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 25 1951

Dist. File 657-1481

Date Filed 6-29-51

JUL 2 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.