

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22705**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2002		Registrar's No. 688	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 35 min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. VERNON		0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's				d. STREET ADDRESS (If rural, give location) RURAL (North East)			
3. NAME OF DECEASED (Type or Print) a. (First) NOVA		b. (Middle) Mabel		c. (Last) GARRISON		4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 8, 1909		9. AGE (in years last birthday) 42	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Open if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTH PLACE (State or foreign country) Mt. VERNON, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bob Moore		13b. MOTHER'S MAIDEN NAME Nellie Stearns		14. NAME OF HUSBAND OR WIFE Hersal 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. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bob Moore Mt. VERNON, MO			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull & (Scalped.) Pct. Arms & Rt. Leg. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 88164				INTERVAL BETWEEN ONSET AND DEATH fe no	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		055 26	
21a. ACCIDENT (Specify) SURFING HOME		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Accident Hwyway 166		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mt. VERNON Lawrence MO.		21d. TIME OF INJURY Aug 5, 1951 5P.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? TWO CAR ACCIDENT ON HWYWAY					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____ (1st) and that death occurred at 6:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. [Signature]			23b. ADDRESS Springfield, Missouri			23c. DATE SIGNED 8-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-5-51	24c. NAME OF CEMETERY OR CREMATORY Summit		24d. LOCATION (City, town, or county) (State) Mt. VERNON, MO.		
DATE REC'D BY LOCAL REG. 8-8-51		REGISTRAR'S SIGNATURE W. E. Landby		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAX L. Fossett's Mt. VERNON, MO.			

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

5-10-77

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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 Gene P. Hunter.....

Licensed Embalmer No. 4789.....

P. O. Address Republic, 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.