

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4294

FILED MAR 8 1952

| | | | | | | | |
|---|--|--|-----------------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>67</u> | | PRIMARY REG. DIST. NO. <u>5259</u> | | Registrar's No. <u>33</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Christian</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bruner</u> | | c. LENGTH OF STAY (In this place) <u>3</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bruner - 0220</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bruner, Mo. Rural</u> | | | | d. STREET ADDRESS <u>Bruner, Mo. Runer</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> | | | b. (Middle) <u>Garrison</u> | | | c. (Last) <u>Garrison</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1952</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>Nov. 8 - 1889</u> | | 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (State or foreign country) <u>Mo.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>John Garrison</u> | | 13b. MOTHER'S MAIDEN NAME <u>Francis Bledsoe</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Zula Garrison</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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Zula Garrison Bruner, Mo.</u> ADDRESS _____ | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 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) <u>442X</u> | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>Jan</u> , 1952, to <u>Feb 6</u> , 1952, that I last saw the deceased alive on <u>Feb 7</u> , 1952, and that death occurred at _____, from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Zula Garrison</u> (Degree or title) _____ | | 23b. ADDRESS <u>St. Louis, Mo.</u> | | 23c. DATE SIGNED <u>Mar 4 - 1952</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 19, 52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Linden Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Christian Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Mar 7, 1952</u> | | REGISTRAR'S SIGNATURE <u>John Blevins</u> <u>454</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Chaffin</u> ADDRESS <u>Clark Mo</u> | | | |

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

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 T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.