S. No. 300
V. 10.48

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19921

State File No.

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
d. STREET ADDRESS (If rural, give location): West Water St.

3. NAME OF DECEASED (Type or Print)
a. (First): MART
b. (Middle): D.
c. (Last): GARRISON

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Aug. 11, 1865
9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer Rail Road
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Miller County, Mo
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Edward Garrison
13b. MOTHER'S MAIDEN NAME: unknow
14. NAME OF HUSBAND OR WIFE: Vina Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Ed Garrison
ADDRESS: California, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced Senility — 10 years
DUE TO (c)

II. 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: 4222
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1951, *to* June 18, 1952, *that I last saw the deceased alive on* June 18, 1952, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Stone (Degree or title): D.O.
23b. ADDRESS: Boonville Mo.
23c. DATE SIGNED: 6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20/52
24c. NAME OF CEMETERY OR CREMATORY: Houstonia
24d. LOCATION (City, town, or county) (State): Houstonia, Mo.

DATE REC'D BY LOCAL REG.: 6/19/52
REGISTRAR'S SIGNATURE: D. C. Hooper
25. FUNERAL DIRECTOR'S SIGNATURE: B. W. Thacker
ADDRESS: Boonville, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville, 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.