

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**11099**

State File No. ....

No. 300  
10.48

**APR 1 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 12

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Clair</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>	c. LENGTH OF STAY (in this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola Rural</u>	<u>1930</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ellett Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Levi</u> b. (Middle) _____ c. (Last) <u>Garrison</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 25 1953</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>October 31, 1877</u>		<b>9. AGE</b> (In years last birthday) <u>76</u>	<b># UNDER 1 YEAR</b> Months _____ Days _____	<b># UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
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<b>13a. FATHER'S NAME</b> <u>Richard Edward Garrison</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Corbin</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ethel</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> _____ <b>ADDRESS</b> _____			
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>					
		<b>ANTECEDENT CAUSES</b>					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p align="center">DUE TO (b) _____</p> <p align="center">DUE TO (c) _____</p>					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy</u>					

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____ <b>(COUNTY)</b> _____ <b>(STATE)</b> _____	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>			
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**22. I hereby certify that I attended the deceased from 16 Mar, 1953, to 25 Mar, 1953 that I last saw the deceased alive on 25 Mar, 1953, and that death occurred at 6 pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>W. Ellett Mayo</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Appleton City</u>		<b>23c. DATE SIGNED</b> <u>25 Mar 53</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Mar 29, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Bear Creek</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Osceola Mo</u>		
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<b>DATE REC'D BY LOCAL REG.</b> <u>March 28, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Chas. Brown</u> <u>2855</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>J.B. Gooden</u> <b>ADDRESS</b> <u>Osceola Mo</u>		
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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

*J. B. Goodrich*

Licensed Embalmer No.

*3038*

P. O. Address

*Osceola Neb*

**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.