

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16360

State File No. _____

FILED JUN 13 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2204

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>47 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>4419 INDIANA AVENUE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FLOYD</u> c. (Last) <u>GARRISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 20 1956</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>OCT-25-1908</u>	9. AGE (In years last birthday) <u>47</u>	If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STAGE MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUNICIPAL AUDITORIUM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>	
13a. FATHER'S NAME <u>RICHARD F. GARRISON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. LISTER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. FRANCES 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. <u>492-14-3783</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. FRANCES GARRISON 4419 INDIANA AVE KANSAS CITY MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral myocardial infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis and Rheumatoid Artery</u> DUE TO (c) <u>Severe atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>4201</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-10, 1956 to 5-19, 1956, that I last saw the deceased alive on 5-19, 1956 and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy P. Drake</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1032 Professional Building KC Mo</u>		23c. DATE SIGNED <u>5-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 22 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.H. Newcomer 1331 BRUSH CREEK KANSAS CITY MO.</u>			
DATE REC'D BY LOCAL REG. <u>5-21-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			

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.....
Signature of Student Embalmer

Signed *Adrian Jay Stett*.....

Licensed Embalmer No. *488*.....

P. O. Address *N.C.,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.