

FILED SEP 6 1956

HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28410

STATE FILE NUMBER

 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7718

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo Baptist</u>		c. CITY OR TOWN <u>Steelville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b <u>2 Days</u>		d. STREET ADDRESS (If outside, give location) <u>0250 1</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Rufus</u> Middle <u>Samuel</u> Last <u>Garrison</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>19</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 8, 1876</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. 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 (City and state or country) <u>Crawford County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Louis Garrison</u>		
14. MOTHER'S MAIDEN NAME <u>Alzada Pidcock</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>Unk</u>			17. INFORMANT <u>Alfred Garrison</u> Address <u>Bourbon Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fracture of Left Hip;</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1b or Part 11a, Item 18) <u>slipped on fall at home in Steelville, Missouri, about August 16, 1956.</u>	
20c. TIME OF INJURY Hour <u>3</u> a. m. Month, Day, Year <u>8 16 56</u> p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>
20f. CITY, TOWN, OR LOCATION <u>Steelville Mo</u>		COUNTY <u>21</u> STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 6:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Patrick E Taylor Crowder</u> (Degree or title) <u>3</u>	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>8-20-56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-21-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walton</u>	23d. LOCATION (City, town, or county) (State) <u>Berryman Mo</u>
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24. FUNERAL DIRECTOR <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 20 1956</u>	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, m.d.</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of natural causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

300-56

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... *G. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *M. Lou*

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.