

5. No. 300
V. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14698

State File No.

4026

FILED MAY - 8 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY City of St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oklahoma b. COUNTY Choctaw

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.

c. LENGTH OF STAY (In this place) 45 days

c. CITY OR TOWN Hugo

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employes Hospital

e. STREET ADDRESS (If rural, give location) 512 East Laurel

3. NAME OF DECEASED (Type or Print)
a. (First) GROVER b. (Middle) S. c. (Last) GARRISON

4. DATE OF DEATH (Month) (Day) (Year) April 26, 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct 30, 1892

9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roundhouse foreman

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and State or Foreign Country) Sorento, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Garrison

13b. MOTHER'S MAIDEN NAME Melissa Bright

14. NAME OF HUSBAND OR WIFE Wife - Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil

16. SOCIAL SECURITY NO. 702-07-4501

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace I. Garrison 512 Laurel St.,

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 Hugo, Oklahoma.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma - liver.
ANTECEDENT CAUSES DUE TO (b) Carcinoma of lung
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) 163x
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 months

19a. DATE OF OPERATION 4-4-57

19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma of liver; partial obstruction of colon due to adhesive band.

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 13, 1957, to April 26, 1957, that I last saw the deceased live on April 26, 1957, and that death occurred at 8:27 p.m., from the causes and on the date stated above.

22a. SIGNATURE Vernice W. Hollis M.D.

23b. ADDRESS 4960 Laclede, St. Louis, Mo

23c. DATE SIGNED 4-27-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-27-57

24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery

24d. LOCATION (City, town, or county) (State) Hugo, Oklahoma

DATE REC'D BY LOCAL REG. APR 27 '57

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.,

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 13 1957

DEPT. OF HEALTH

ILLINOIS

STATE OF ILLINOIS

102-1-201-807

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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 John J. Haines

Licensed Embalmer No. 4108 P. O. Address H. Haines

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.

STATE OF ILLINOIS