

Health,
& Welfare
S. Public
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120
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024764

STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. 43

Primary Registration District No. 51355

Registrar's No. 463

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Quin, Mo.		c. CITY OR TOWN Quin 0120	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #2		d. STREET ADDRESS (If outside, give location) Route #2	
3. NAME OF DECEASED (Type or print) First Middle Last Jacob Oliver Garrison		4. DATE OF DEATH Month Day Year July 17, 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 30, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Illinois /	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Thomas M. Garrison		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Effie Hodge Garrison
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Effie Garrison, Poplar Bluff, Mo.
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>Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>4221</u>			INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 20 yrs.
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 checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>15 Dec 57</u> to <u>17 July 58</u> and last saw him alive on <u>18 June 1958</u> Death occurred at <u>8:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Cyril A. Post M.D.</u> (Degree or title)		22b. ADDRESS <u>Poplar Bluff, Mo.</u>	
22c. DATE SIGNED <u>21 July 58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-19-58	
23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.		23d. LOCATION (City, town, or county) (State) Butler County, Mo.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 7/26/58	
		26. REGISTRAR'S SIGNATURE <u>R. H. H. H. H.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Charles E. Mung*

Licensed Embalmer No. *4877*

P. O. Address *Poplar Bluff*

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.