

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028395
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 510

S. 300

1-57

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Secondary, coronar, etc. may 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

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 POPLAR BLUFF		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN POPLAR BLUFF		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) RT 4 POPLAR BLUFF		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HENRY ARCHIE GARRISON			4. DATE OF DEATH Month Day Year AUG. 12 1958		
5. SEX MALE	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 FEB. 21, 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER & TEACHER		10b. KIND OF BUSINESS OR INDUSTRY FARM SCHOOL	11. BIRTHPLACE (City and state or country) GREENVILLE, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN GARRISON		13b. MOTHER'S MAIDEN NAME MARY ATNIP		14. NAME OF HUSBAND OR WIFE VIRBIE GARRISON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) ✓		16. SOCIAL SECURITY NO.	17. INFORMANT Address VIRBIE 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) Acute Cardiac decompensation				INTERVAL BETWEEN ONSET AND DEATH 18 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis, Chronic				6 to 8 yrs.	
DUE TO (c) Arteriosclerosis				10 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 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10 Aug 58 , to 12 Aug 58 and last saw him alive on 12 Aug 58 Death occurred at 10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Cyril C. Post M.D.			22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 25 Aug 58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG. 14, 1958	23c. NAME OF CEMETERY OR CREMATORY GREENVILLE CEM.		23d. LOCATION (City, town, or county) (State) GREENVILLE MO.
24. FUNERAL DIRECTOR ADDRESS GISH FUNERAL HOME GREENVILLE, MO.			25. DATE RECD. BY LOCAL REG. 8/30/58		26. REGISTRAR'S SIGNATURE [Signature]

RECEIVED

SEP 3 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

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 me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426
P. O. Address Piedmont

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.