

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006249

STATE FILE NUMBER

FILED MAR 10 1959

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 21

300
-57

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mt. Vernon e 550 c
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) 406 S. McCause
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First John Middle Paul Last Garrison			4. DATE OF DEATH Month Feb. Day 27, Year 1959		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 19, 1876	9. AGE (In years & -day) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	---	--	---------------------------------------	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and state or country) Lawrence County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
--	--	--	---

13a. FATHER'S NAME George R. Garrison	13b. MOTHER'S MAIDEN NAME Mary J. Adamson	14. NAME OF HUSBAND OR WIFE Kate Botts
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 194-14-9261	17. INFORMANT Ruby Ewing	Address Mt. Vernon, Mo.
--	---	------------------------------------	-----------------------------------

18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
DUE TO (b) Chr Myocarditis + Hypertension		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 443XH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malignancy (31- of Desc. Colon (not Confirmed))		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> 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 4/6/53 to 7/26/59 and last saw ^{her} _{him} alive on 7/26/59 Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE J. Emmeth Glover M.D.	(Degree or title)	22b. ADDRESS Mt. Vernon, Mo.	22c. DATE SIGNED 7/28/59
--	-------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-3-59	23c. NAME OF CEMETERY OR CREMATORY ZOO F. CEMETERY	23d. LOCATION (City, town, or county) (State) MT. VERNON, MO.
--	----------------------------	--	---

24. FUNERAL DIRECTOR H.D. Fossett	ADDRESS Mt. Vernon, Mo.	25. DATE RECD. BY LOCAL REG. 3-2-1959	26. REGISTRAR'S SIGNATURE Ora Mc-Natt
---	-----------------------------------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *H. D. Fossett*.....

Licensed Embalmer No. *2201*.....

P. O. Address *Mt Vernon*.....

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.