

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013652
STATE FILE NUMBER

FILED APR 28 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 186

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RAYTOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR PROVIDER SANT		Length of stay in lb 2 wks	d. STREET ADDRESS (If outside, give location) Frost Rd. RP3
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Georgia A. GARRISON			4. DATE OF DEATH Month Day Year April 21 1959		
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5. SEX FEMALE	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 August 30-1906	9. AGE (In years (or fraction of year) Months Days Hours Min. 52
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10a. USUAL OCCUPATION (Give kind of work done during business of working life, even if not during) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) OAK GROVE, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Henry Thorp	13b. MOTHER'S MAIDEN NAME Rowland	14. NAME OF HUSBAND OR WIFE James E. GARRISON
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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. NONE	17. INFORMANT Mr James E Garrison - Raytown, Mo. Address Raytown, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma of ovary		INTERVAL BETWEEN ONSET AND DEATH 7 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of ovary		1 + 2 years
	DUE TO (c)		1750
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from January 1959 to 4/31/59 and last saw her alive on 4/21/59
Death occurred at 11:09 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. M. M. M.	22b. ADDRESS 10901 Winner Rd Judy Mo	22c. DATE SIGNED 4/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE April 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Mac PELAH	23d. LOCATION (City, town, or county) (State) Lexington Mo
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24. FUNERAL DIRECTOR Kepley-Hinton	ADDRESS RAYTOWN, Mo.	25. DATE RECD. BY LOCAL REG. 4-24-59	26. REGISTRAR'S SIGNATURE James S. [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 14 1959

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 R. Didmo*
Licensed Embalmer No. *453*
P. O. Address *Kansas City*

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.