MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015727
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 48

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0530
2 0500
3 2
4 0
5 1
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12 90-3
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 16 1962

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Rock Twp.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: #6 Valley View Dr
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jeff.
c. CITY OR TOWN: Fenton Mo
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): #6 Valley View Dr
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: William Middle: Howard Last: Garrison

4. DATE OF DEATH: Month 4 Day 9 Year 62

5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-4-1907
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lab. Tech.
10b. KIND OF BUSINESS OR INDUSTRY: foundry
11. BIRTHPLACE (City and state or country): Arcadia Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wm Garrison
13b. MOTHER'S MAIDEN NAME: Caroline Hasty
14. NAME OF HUSBAND OR WIFE: Josephine Garrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Josephine Garrison Address: Fenton 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Coroner's View to ____ and last saw her/him alive on ____
Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James [illegible] M.C. Crum (Degree or title)
22b. ADDRESS: Fenton Mo
22c. DATE SIGNED: 4/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-11-62
23c. NAME OF CEMETERY OR CREMATORY: St Martins Cem.
23d. LOCATION (City, town, or county) (State): Dittmer Mo

24. FUNERAL DIRECTOR: Brimmer Funeral Home
ADDRESS: House Springs Mo
25. DATE RECD. BY LOCAL REG.: 4-11-62
26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1962

Rec. by P.O. #62 4-11-62

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 Herbert J. Gan Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo

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.