

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008138

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 18

FILED FEB 27 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 0910	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS				
2 0910	INSTEAD OF				
3	DOCUMENT				
4 0	BY AFFIDAVIT OF				
5 2	MEDICAL CERTIFICATION				
6	SHOULD READ				
7 1	TYPEWRITER RIBBON				
8 2	OR				
9 420.1	USE BLACK INK				
10					
11					
12 1290-3					
13 1-0					

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poynor. (Rural).</u> Length of stay in 1b <u>4 years.</u>		c. CITY OR TOWN <u>Poynor. (Rural).</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 Mi. E. of Poynor, Missouri.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3 Mi. E. of Poynor, Missouri.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Dallas Pete Garrison.</u>			4. DATE OF DEATH Month Day Year <u>Feb. 9, 1963.</u>
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>white.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 6, 1908.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	9. AGE (last birthday) <u>54.</u>
11. BIRTHPLACE (City and state or country) <u>Ben Hur, Arkansas.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jack Garrison.</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Horne.</u>	
14. NAME OF HUSBAND OR WIFE <u>Geneva Garrison, (Deceased).</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>[Redacted]</u>		17. INFORMANT Address <u>Mrs. Lillie Garrison, Poynor, Missouri.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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, a.m. or p.m. Month, Day, Year			
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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>Approx. 8:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ray Meamar; Coroner.</u>		22b. ADDRESS <u>606 Walnut Street Doniphan, Missouri.</u>	22c. DATE SIGNED <u>2/10/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Feb. 11, 1963.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Poynor Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Poynor, Missouri.</u>
24. FUNERAL DIRECTOR <u>Ray Meamar.</u>	ADDRESS <u>606 Walnut St. Doniphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-11-63</u>	26. REGISTRAR'S SIGNATURE <u>Flora Roy</u>

MAR 19 1963

STATE OF MISSISSIPPI

Permit issued 2-11-63 - J.B.

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 Ray Meamer

Licensed Embalmer No. 3743

P. O. Address Donipham, 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.