S. No. 2
OM—2-43
v. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 30 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12646

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 134

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 Hrs. (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14
(c) City or town FULTON.
(If outside city or town limits, write "RURAL")
(d) Street No. MO. SCHOOL FOR DEAF. 2
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gussie Lou GARRIOTT

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WM GARRIOTT
6. (c) Age of husband or wife if alive DK. years
7. Birth date of deceased Feb (Month) 17 (Day) 1889 (Year)

8. AGE: Years 58 Months 2 Days 7 If less than one day hr. min.

9. Birthplace PORTLAND (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business

FATHER
12. Name ASIA MATTESON
13. Birthplace DK. (City, town, or county) PENN. (State or foreign country)

MOTHER
14. Maiden name AREMIA ILLIG
15. Birthplace DK. (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant WALTER L. GARRIOTT
(b) Address ROBERTSON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 27. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT HILL
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.
19. (a) Apr. 25-1947 (Date received local registrar) (b) Josie Morsuckoff (Registrar's signature) 29

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1947 hour 11 minute 12 A.M.

21. I hereby certify that I attended the deceased from 4/21, 1947 to 4/24, 1947; that I last saw her alive on 4/24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	3 days
Due to arteriosclerosis	
Due to	
Other conditions diabetes mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Henry Durst (M. D. or other) M.D.
Address Fulton Mo. Date signed 4/25/47

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 9,
District File Number 4-29-42
Date Filed

JUN 12 1947

DEC 21 1948

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. J. Robson

Licensed Embalmer No. 2885

P. O. Address Fulton 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 this body is not embalmed, fact should be so stated above.