

FILED JUN 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20665

State File No. ....

BIRTH NO. .... REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6056 Registrar's No. 20

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Clair</u> <i>Butler</i>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City (Rural)</u> |  | c. LENGTH OF STAY (In this place) <u>3 months</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola (Rural)</u>   |  |
|  |  | d. STREET ADDRESS (If rural, give location)   |  |

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|--|--|---|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Jackson Monroe Garrison</u>                                      |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>May 6 1949</u> |  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> |  |
| 8. DATE OF BIRTH <u>March 11, 1863</u>   |  | 9. AGE (In years last birthday) <u>86</u> |  | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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         |  | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u>            |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Brown Garrison</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> |  | 14. NAME OF HUSBAND OR WIFE  |  |
| 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.                  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Gus Garrison</u> ADDRESS <u>Osceola Mo.</u> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy of penis</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b)<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>179X</u> |  |
|---|--|--|--|---|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>April 1949</u>           |  | 19b. MAJOR FINDINGS OF OPERATION <u>Malignancy</u>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from April 20, 1949, to May 6, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 8A m., from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE <u>Ruth Seavers</u> (Degree or title) <u>MD</u>        |  | 23b. ADDRESS <u>Osceola Mo.</u>  |  | 23c. DATE SIGNED <u>May 7-49</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>               |  | 24b. DATE <u>May 8 1949</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Bearcreek</u>                                    |  |
| 24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. ...</u> ADDRESS <u>Osceola Mo.</u> |  | DATE REC'D BY LOCAL REG. <u>May 7-49</u> REGISTRAR'S SIGNATURE <u>Ruth Seavers</u> 288 |  |

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD COPY

RECEIVED  
District Health Of  
District File Number 5  
Date Filed 6-2

**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.

Signed *H. B. Erickson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3038

P. O. Address *Ossola, N.Y.*

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.