

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41921

77

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5891 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY OZARK		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARKANSAS b. COUNTY BAXTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BRIDGE 2		c. CITY (If outside corporate limits, write RURAL and give township) 4 hr. RURAL LOGAN 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Line on no. 5 Gainesville & Min. Home Ark.		d. STREET ADDRESS (If rural, give location) Rural Star # Gainesville Mo. 0	

3. NAME OF DECEASED (Type or Print)	a. (First) LANA	b. (Middle) ARVEL	c. (Last) GARISON	4. DATE OF DEATH (Month) (Day) (Year)	12 21 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 21 1887	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME VAN BUREN GARISON	13b. MOTHER'S MAIDEN NAME Letha Ann Mitchell	14. NAME OF HUSBAND OR WIFE ARMENDA GARISON
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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) YES World War I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARMENDA GARISON Gainesville Mo. Star #
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Phenol Poisoning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ozark Mo. No.
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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? 11
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Cannon, M.D.	23b. ADDRESS Gainesville	23c. DATE SIGNED 12/23/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/23/49	24c. NAME OF CEMETERY OR CREMATORY New Oakland Cemetery	24d. LOCATION (City, town, or county) (State) Baxter County Ark.
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DATE REC'D BY LOCAL REG. 7-5-50	REGISTRAR'S SIGNATURE William Cogwell	FUNERAL DIRECTOR'S SIGNATURE H. O. Barber	ADDRESS Min. Home Ark.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 9 1950
District Health Office No. 6,
District File Number 150-42
Date Filed 1-11-50

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
Student Embalmer

Signed John M. Davies

Licensed Embalmer No. 4620

P. O. Address Mt. Home Ark.

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.