

5. No. 300
10. 48

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27411
Registrar's No. 165

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY Jasper 0493		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage 1493	
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location) 210 W. 9th St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) M.	c. (Last) Garrison	4. DATE OF DEATH (Month) (Day) (Year) August 15, 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 1-3-1885	9. AGE (in years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 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) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Paint & Paper	11. BIRTHPLACE (State or foreign country) 9	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Garrison	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Almeda B. Garrison
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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) No	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME Harriette Garrison	ADDRESS Carthage
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		
	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JAN 1950, to Aug 15, 1951, that I last saw the deceased alive on Aug 15, 1951, and that death occurred at 4:35 P. M., from the causes and on the date stated above.

23a. SIGNATURE Paul H. Brumer (Degree or title) M.D.	23b. ADDRESS 121 W. 4th, Carthage, Mo.	23c. DATE SIGNED Aug 16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-18-51	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage Mo.
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DATE REC'D BY LOCAL REG. 8-16-51	REGISTRAR'S SIGNATURE L.B. Clutter, MD	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

8/22/51

51-8-653

8/22/51

8-11-51

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 *Ray J. Rose*

Licensed Embalmer No. *4779*

P. O. Address *Easthager, 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.