

REC'D JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41108

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5350 Registrar's No. 94

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dallas</u>    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Dallas</u> b. COUNTY <u>MO</u> |  |
| b. CITY OR TOWN <u>Rural-Lincoln</u>            |  | c. CITY OR TOWN <u>Rural-Lincoln</u>   |  |
| c. LENGTH OF STAY (in this place) <u>10 YRS</u> |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION         |  |  |  |

|  |                              |                           |                   |                 |                  |
|--|------------------------------|---------------------------|-------------------|-----------------|------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                              |                           | 4. DATE OF DEATH  |                 |                  |
| a. (First) <u>Sarah</u>                | b. (Middle) <u>Elizabeth</u> | c. (Last) <u>Garrison</u> | (Month) <u>11</u> | (Day) <u>23</u> | (Year) <u>51</u> |

|                 |                           |   |                                    |   |   |   |
|-----------------|---------------------------|---|------------------------------------|---|---|---|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>May-4-1862</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>12</u> | IF UNDER 1 YEAR<br>Hours <u></u> Min. <u></u> |
|-----------------|---------------------------|---|------------------------------------|---|---|---|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Louisburg, MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|-----------------------------------|--|--|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>Robert H. Garrison</u> | 13b. MOTHER'S MAIDEN NAME <u>Mabel Hurst</u> | 13c. NAME OF HUSBAND OR WIFE <u>King Garrison</u> |
|--|--|---|

|   |                               |  |                           |
|---|-------------------------------|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>MR. Bert Harrison</u> | ADDRESS <u>Urbang, 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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 wk</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Hemorrhage</u><br>DUE TO (c) <u>Arteriosclerotic Lesion 8-10 yrs</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | 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 Jan, 1947, to Nov 16, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                |                                  |
|--|--------------------------------|----------------------------------|
| 23a. SIGNATURE <u>D. S. Suffer</u> (Degree or title) | 23b. ADDRESS <u>Buffalo Mo</u> | 23c. DATE SIGNED <u>4 Dec 51</u> |
|--|--------------------------------|----------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>11-25-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hope Well Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Dallas Co MO</u> |
|---|---------------------------|---|---|

|  |  |  |                           |
|--|--|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>12/29/51</u> | REGISTRAR'S SIGNATURE <u>Mrs J. B. Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughan-Rieser</u> | ADDRESS <u>Urbang, Mo</u> |
|--|--|--|---------------------------|

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Allen W. Vaughan

Signed.....  
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.