

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42393

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 145

0732
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nescho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield 0396</u>	
c. LENGTH OF STAY (In this place) <u>3 hrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Salem Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>818 S. Grant!</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Aschiel</u> c. (Last) <u>Garrison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 4, 1893</u>	9. AGE (In years last birthday) <u>58</u> Months <u>2</u> Days <u>23</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tramp. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Sparta Mo. D</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Rev. R. Garrison</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Adelman</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Garrison</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lucille Garrison</u> ADDRESS <u>Springfield Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension severe</u> 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 <u>33IX</u>	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Dec 27, 1951, to Dec 27, 1951, that I last saw the deceased alive on Dec 27, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Albert D. [Signature]</u> (Degree or title)	23b. ADDRESS <u>Nescho Mo</u>	23c. DATE SIGNED <u>Dec 28 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 27, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 28, 1951</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Roman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roman [Signature]</u> ADDRESS <u>Springfield, Mo.</u>
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
File Number 1251-808
dated Jan 8-1952

NEOSHO, MISSOURI

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

Lewis G. Scharff

Signed.....
Student Embalmer

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.