

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH 5896

State File No. 3250

FILED MAR 24 1952

REG. DIST. NO. 265 of 26 F PRIMARY REG. DIST. NO. 5885- Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Noble Township</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Noble Township-12 miles</u>		d. STREET ADDRESS (If rural, give location) <u>North of Gainesville on Highway 5-0990</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phoebe</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Garrison</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 27, 1864</u>		9. AGE (In years last birthday) <u>87</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 <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Men Home, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob V. Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Sanders</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased Columbus Garrison</u>		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. <u>None</u>	
17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mrs. Dolph Long of Noble, Mo.</u>		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.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 <u>3-10</u> , 19 <u>52</u> , to <u>3-13-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-11</u> , 19 <u>52</u> and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. J. Hoeman MD</u>			23b. ADDRESS <u>Gainesville, Tex</u>		23c. DATE SIGNED <u>3-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mammoth</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-20-52</u>		REGISTRAR'S SIGNATURE <u>Thames Mahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Arthur Bruce, Men Home, Ark.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address W. 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.