

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12454

FILED APR 16 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4152 Registrar's No. 2-1952

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HEASBURY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HEASBURY 0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>C</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BOY</u> b. (Middle) <u>SONY</u> c. (Last) <u>GARRISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-8-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-13-1897</u>
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>1</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKING CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hauling</u>	
11. BIRTHPLACE (State or foreign country) <u>HEASBURY Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S SURNAME <u>MR. GARRISON</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA BRAND</u>	
13c. NAME OF HUSBAND OR WIFE <u>CAMMIE 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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Cammie Garrison</u>		ADDRESS <u>Heasbury 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma in the descending Colon</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>descending Colon</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</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)		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>JAN. 10, 1952</u> , to <u>APR. 3, 1952</u> , that I last saw the deceased alive on <u>APRIL 8, 1952</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. F. Garrison M.D.</u> (Degree or title)		23b. ADDRESS <u>Heasbury Mo.</u>	
23c. DATE SIGNED <u>4/10/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-12-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sea Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>HEASBURY Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/10/52</u>		REGISTRAR'S SIGNATURE <u>W.C. Davis, deputy Registrar</u> 372-0	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shaulder</u>		ADDRESS <u>Puka, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1957

*[Faint handwritten notes]*

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 *[Handwritten Signature]*

Licensed Embalmer No. *3472*

P. O. Address *[Handwritten Address]*

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.