

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27360

State File No.

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 304

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| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u> | |
| b. CITY OR TOWN <u>Sulton</u> | c. LENGTH OF STAY (In this place) <u>16 days</u> | c. CITY OR TOWN <u>Memphis</u> <u>0995</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lemuel</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>Garrison</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept</u> <u>12</u> <u>1952</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Dr. Approp</u> | 9. AGE (In years last birthday) <u>85</u> | # UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State, Foreign Country) <u>Blanchester Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Louis Garrison</u> | 13b. MOTHER'S MAIDEN NAME <u>Harriet Miller</u> | 14. NAME OF HUSBAND OR WIFE <u>Julia Garrison</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give way or date of service) <u>1st World War</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Evans</u> ADDRESS <u>Memphis</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 Arteriosclerosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>334X</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) |

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| 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? |
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22. I hereby certify that I attended the deceased from Aug 27, 1952, to Sept 12, 1952, that I last saw the deceased alive on Sept 11, 1952, and that death occurred at 5:48 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Dr. Hunter O. M. D.</u> (Degree or title) | 23b. ADDRESS <u>Sulton, Mo</u> | 23c. DATE SIGNED <u>Sept 12/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 14 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u> | | |

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| DATE REC'D BY LOCAL REG. <u>Sept. 12-1952</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bertha Beckett</u> ADDRESS <u>Memphis Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1953
APR 7 1953

MAR 17 1953

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 Albert C. Guth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.