F.S. No. 300
Rev. 10-48

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

FILED SEP 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28051

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3797

1. PLACE OF DEATH
a. COUNTY: Jackson 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walnut Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Leavenworth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leavenworth 8150
d. STREET ADDRESS (If rural, give location): 830 Kickapoo

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry
c. (Last): Garrison

4. DATE OF DEATH (Month) (Day) (Year): August 27, 1952

5. SEX: male ♂
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12-26-1889
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and State or Foreign Country): Leavenworth, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Ben J. Garrison
13b. MOTHER'S MAIDEN NAME: Sarah Hicks
14. NAME OF HUSBAND OR WIFE: Josephine Garrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W. W. 1
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Josephine Garrison — ADDRESS: Leavenworth Kans.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerotic heart disease — 1 year
DUE TO (c) unknown

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
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 23, 19 52, *to* Aug. 27, 19 52, *that I last saw the deceased alive on* Aug. 27, 19 52, *and that death occurred at* 5:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Eugene R. Young ~~MD~~ (Degree or title) D.O. — Eugene R. Young
23b. ADDRESS: 5500 Troost
23c. DATE SIGNED: 8-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 8-27-52
24c. NAME OF CEMETERY OR CREMATORY: --
24d. LOCATION (City, town, or county) (State): Leavenworth, Kans.

DATE REC'D BY LOCAL REG.: 8-27-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: J. C. Davis Undertaking Co. — ADDRESS: Leavenworth Kans.

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1953

DEC 3 1958

MAR 31 1958

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_____

Licensed Embalmer No._____

P. O. 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.

WRITE PLAINLY—USING UNFADING

case, injury, or complication which caused death. DUE TO (c) unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

new record 8-28-5

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

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) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 23 *19*52, *to* Aug 27, *19*52, *that I last saw the deceased alive on* Aug 27, *19*52, *and that death occurred at* 5 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Eugene R. Young D.O. (Degree or title) — Eugene R. Young D.O. | 23b. ADDRESS 500 Trost, K.C. Mo. | 23c. DATE SIGNED Aug 27 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8/27/1952 | 24c. NAME OF CEMETERY, CREMATORY | 24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas

DATE REC'D BY LOCAL REG. 8-27-52 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Davis Undertaking Company Leavenworth, Kansas

(Licensed Embalmer's State at on Reverse Side)

STATEMENT LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the verse side of this certificate was embalmed by me, or by .....

..... Student Embalmer No. .....,

working under my personal supervision.

1952
S-28051

Signed .....
Student Embalmer

Signed John W. Glynn

Licensed Embalmer No. 3662

P. O. Address Leavenworth, Kansas

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