

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7562**
Registrar's No. **1732**

FILED MAR 11 1953

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 7562 | | Registrar's No. 1732 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN CITY OF ST. LOUIS | | | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Illmo 1000 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) None | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) BERT | | b. (Middle) (NMN) | | c. (Last) GARRISON | | 4. DATE OF DEATH (Month) (Day) (Year) 2/11/53 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Dec 2, 1903 | | 9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY Retail Lumber | | | 11. BIRTHPLACE (City and State or Foreign Country) Bloomfield Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Unknown | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE Rose Hill Garrison | | | |
| 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. 492-16-4951 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Rose Garrison Illmo Mo | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asthma ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH Two Years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" 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) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 241X | | | | | |
| 22. I hereby certify that I attended the deceased from 2/10 , 19 53 , to 2/11 , 19 53 , that I last saw the deceased alive on 2/11 , 19 53 , and that death occurred at 12:00 noon from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE F. R. Bradley (Degree or title) M. D. | | | | 23b. ADDRESS BARNES HOSPITAL | | | | 23c. DATE SIGNED 2/11/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2-12-53 | | 24c. NAME OF CEMETERY OR CREMATORY Bloomfield Mo | | 24d. LOCATION (City, town, or county) (State) Bloomfield, Mo. | | | |
| DATE REC'D BY LOCAL REG. FEB 13 1953 | | REGISTRAR'S SIGNATURE F. R. Bradley | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bisplinghoff Funeral Home Bloomfield Mo. | | | | |

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

APR 28 1967

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

W E Morris

Licensed Embalmer No.

3360

P. O. Address

St Louis, 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.