

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **523**

523

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **8**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission))	
a. COUNTY Cass	b. STATE Missouri	a. STATE Missouri	b. COUNTY Johnson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville	c. LENGTH OF STAY (In this place) Just arrived	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION 505 West Wall St.	d. STREET ADDRESS (If rural, give location) 423 N. Maguire		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) James	b. (Middle) Robert	c. (Last) Garrison	Jan 20 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 6 1908	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Attorney	11. BIRTHPLACE (City and State or Foreign Country) Garfield, Oklahoma	
		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Harry R. Garrison	13b. MOTHER'S MAIDEN NAME Wyota Campbell	14. NAME OF HUSBAND OR WIFE Maralee Garrison
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) W.W.II	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME H. R. Garrison ADDRESS Warrensburg

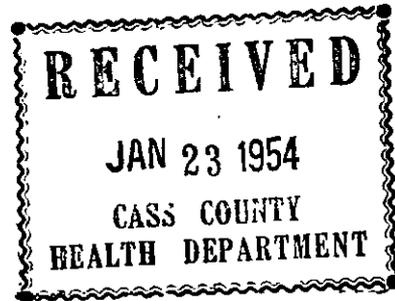
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Warrensburg Johnson MO
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?

22. I hereby certify that I attended the deceased from Jan 20, 1954, to Jan 20, 1954, that I last saw the deceased alive on Jan 20, 1954, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward S. Jones M.D.	23b. ADDRESS Harrisonville, Mo	23c. DATE SIGNED 1-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 22-54	24c. NAME OF CEMETERY OR CREMATORY Sun Set Hill Cemetery
24d. LOCATION (City, town, or county) (State) Warrensburg MO	25. FUNERAL DIRECTOR'S SIGNATURE Rumrumburger's - Harrisonville Mo ADDRESS _____	
DATE REC'D BY LOCAL REG. Jan 22 1954	REGISTRAR'S SIGNATURE Dora Barnard 457-6	

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



OCT 28 1956

FEB 9

1957

JAN 20

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 James R. Phillipis
Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.