

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **4413**  
 Registrar's No. **19**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4164**

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

1. PLACE OF DEATH a. COUNTY <b>Davess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Davess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Alta Mont</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Alta Mont</b>	
c. LENGTH OF STAY (in this place) <b>year</b>		d. STREET ADDRESS (If rural, give location) <b>0 310 0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Frederick</b>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>2 19-54</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>12-30-1878</b>			9. AGE (In years last birthday) <b>75 75</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Anderson Garrison</b>			13b. MOTHER'S MAIDEN NAME <b>Poke</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased Leaj</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Geo Garrison</b>			ADDRESS <b>Whiston Mo</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage of lungs, broken blood vessel of lungs.</b>							<b>2 hrs</b>	
		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>								
		DUE TO (b) <b>Acute Bronchial infection</b>							<b>4 days</b>	
		DUE TO (c) <b>Cardiac Asthma</b>							<b>1 year</b>	
		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 <b>4342</b>						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) m.		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 **2/16, 1954**, to **2/18, 1954**, that I last saw the deceased alive on **2/18, 1954**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H.W. Bailey</b>		(Degree or title)		23b. ADDRESS <b>Galatin Mo</b>		23c. DATE SIGNED <b>2-19-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-21-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Air</b>		24d. LOCATION (City, town, or county) (State) <b>Alta Mont Mo</b>			
DATE REC'D BY LOCAL REG. <b>2-20-54</b>		REGISTRAR'S SIGNATURE <b>Vernice M Engelhart</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs Kate Shoup Whiston</b>			ADDRESS <b>Mo</b>	

**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 *L. P. Richesson* \_\_\_\_\_

Licensed Embalmer No. *3302* \_\_\_\_\_

P. O. Address *Dallatin, 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.