

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19404

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 4246		Registrar's No. 78		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction		c. LENGTH OF STAY (in this place) 35 Years		c. CITY OR TOWN Carl Junction		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 129 Main Street				e. STREET ADDRESS (If rural, give location) 129 Main Street 0490				
3. NAME OF DECEASED a. (First) Buckner (Type or Print)			b. (Middle) G.		c. (Last) Garrison		4. DATE OF DEATH (Month) (Day) (Year) June 24th, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/7/1889		9. AGE (In years last birthday) 64	10. IF UNDER 1 YEAR Months 6 Days 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (City and State or Foreign Country) Summersville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Mitchell Garrison			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Daniel Garrison			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Garrison, Carl Junction, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ascending part of colon removed	DUE TO (b) Don't know						3 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none 153 X							
19a. DATE OF OPERATION Mar 11 1954		19b. MAJOR FINDINGS OF OPERATION Carcinoma ascending colon						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)				
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 June 7, 1954 to June 19, 1954 that I last saw the deceased alive on June 19, 1954 and that death occurred at 12:55 PM from the causes and on the date stated above.								
23a. SIGNATURE D. L. Liberty, M.D.				23b. ADDRESS Carl Junction, Missouri		23c. DATE SIGNED June 24, 1954		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-26-54		24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery		24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri		
DATE REC'D BY LOCAL REG. 6-25-54		REGISTRAR'S SIGNATURE Mrs. Madeline Sitzer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Don Roney, Carl Jet, Mo.				

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

JUL 9 1955

RECEIVED JUN 28 1955
Jasper County Health Office
County File Number 54-6-488
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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.....
Signature of Student Embalmer

Signed *Clayton M. Johnston*.....

Licensed Embalmer No. 43
P. O. Address *Wesley*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.