No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1955

State File No. 8733

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 499

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (In this place): 19 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Appanoose
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cincinatti 8140
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): Lonny
b. (Middle): Jean
c. (Last): Garriott

4. DATE OF DEATH (Month): 4 (Day): 3 (Year): 55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 7-27-31
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months 8, Days 6; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher.
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Fayetteville ark!
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Hugh Garriott
13b. MOTHER'S MAIDEN NAME: Lola Jane Veach
14. NAME OF HUSBAND OR WIFE: —

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Hugh Garriott
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral concussion — INTERVAL BETWEEN ONSET AND DEATH: 19 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hgy 11.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Yellow creek Township Linn Mo
21d. TIME OF INJURY (Month): 4 (Day): 2 (Year): 55 (Hour): 3:30 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: auto turned over.

22. I hereby certify that I attended the deceased from 4-2-, 1955, to 4-3, 1955, that I last saw the deceased alive on 4-3-, 1955, and that death occurred at 10:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: H. H. Potter (Degree or title): D.O.
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 4-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/5/55
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cem.
24d. LOCATION (City, town, or county) (State): Cincinati Iowa

DATE REC'D BY LOCAL REG.: 4-8-55
REGISTRAR'S SIGNATURE: Nadine Stambach
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: L. H. Blackstock Brookfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 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 J. Fr. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.