

Health, Welfare & Public Service

300
1-56

ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27395
STATE FILE NUMBER

FILED AUG 21 1956

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEBB CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY RT # 1 <u>ORONOGO</u> OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JANE CHINN</u>		Length of stay in lb <u>1 HR & 40M</u>	d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EUGENE</u> Middle <u>Fristine</u> Last <u>D GARRETSON</u>			4. DATE OF DEATH <u>AUGUST 16, 1956</u> Month <u>August</u> Day <u>16</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 4, 1920 1918</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>OPOLIS, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>THERON GARRETSON</u>			14. MOTHER'S MAIDEN NAME <u>MINNIE MYRTLE McBRIDE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WW 2</u>	17. INFORMANT Address <u>LOIS KATHERINE GARRETSON RT#1 ORONOGO, MO.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock and asphyxia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Punctured lungs due to rib fractures</u>					
DUE TO (c) <u>Accident</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>049</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Tractor overturned on him.</u>			
20c. TIME OF INJURY <u>2:20 p.m.</u> Hour - Month, Day, Year <u>8/16/1956</u>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Oronogo, Jasper, Missouri</u>	
21. I attended the deceased from <u>8-16-56</u> to <u>8-16-56</u> and last saw him alive on <u>8-16-56</u> Death occurred at <u>4 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>C. J. Oregon</u> (Degree or title)			22b. ADDRESS <u>624 W. Broadway, Webb City, Mo.</u>		22c. DATE SIGNED <u>8/17/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8-18-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NASHVILLE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>NASHVILLE MO</u>
24. FUNERAL DIRECTOR <u>HEDGE LEWIS FUNERAL HOME</u> ADDRESS <u>WEBB CITY MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>8-18-56</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

County File Number 56-1-655
Date Filed AUG-2-0 1958

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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 *L. J. Lewis*.....

Licensed Embalmer No. *45*.....

P. O. Address *Will et*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.