THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1957

1154

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Howell	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains, Missouri — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Willow Springs, Mo. — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mask Rest Home — Length of stay in 1b 6 months	d. STREET ADDRESS (If outside, give location) 64 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Robert Middle Last Garrison		4. DATE OF DEATH Month Jan Day 3, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 3/5/1880
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 9 Days 28	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Bar tender	10b. KIND OF BUSINESS OR INDUSTRY Saloon	11. BIRTHPLACE (City and state or country) Tenn,	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown Garrison		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Lottie Garrison Willow Springs	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 3, 1956, to Jan. 3, 1957 and last saw ~~her~~ him alive on Dec 29, 1956. Death occurred at Jan. 3, 1957, 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Richard A. Smith DO 2	22b. ADDRESS West Plains, Mo.	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/3/57	23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Willow Springs, Mo.		
24. FUNERAL DIRECTOR ADDRESS Burns Willow Springs, Mo.	25. DATE RECD. BY LOCAL REG. 1-9-57	26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

79

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 4614

NOT EMBALMER

P. O. Address Willow Sp

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