

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2122

FILED JAN 28 1957

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>5836</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>11 mo.</u>		c. CITY OR TOWN <u>Neosho</u>		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 <u>Veercamp Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>309 W. Coler St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Nora</u>		b. (Middle) <u>Pearl</u>		c. (Last) <u>Garrison</u>	
4. DATE OF DEATH		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 30, 1881</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>1</u>		IF UNDER 1 YEAR Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alec Howerton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stevens</u>		14. NAME OF HUSBAND OR WIFE <u>Knox Garrison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-09-6084</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Naydene Belka, Neosho, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatoid arthritis</u> ANTECEDENT CAUSES <u>Myocardial degeneration</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7220	
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) (Min.)		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 <u>10-15-56</u> , 19 <u>56</u> , to <u>1-18-57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-17-57</u> , 19 <u>57</u> , and that death occurred at <u>8 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. P. C. Davis M.D.</u>		(Degree or title)		23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>1-19-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 20, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clark</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-24-57</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Queen Funeral Home, Wheaton, Mo.</u>			

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

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RECEIVED

District Health Officer No. Neesho
District File Number 157-25
Date Filed JAN 25 1957

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 Paul H. Henbest.....

Licensed Embalmer No. 457

P. O. Address Cassville

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.