

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24278

FILED AUG 12 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgeway</u>	
c. LENGTH OF STAY (in this place) <u>4. weeks</u>		d. STREET ADDRESS (If rural, give location) <u>2410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert G.</u> b. (Middle) _____ c. (Last) <u>Garrison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-6-57</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-2-1865</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work or business most of working life even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Eastville Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>General Garrison</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Jordan</u>	14. NAME OF HUSBAND OR WIFE <u>Cara Garrison Decker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give dates of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Bondy, Bethel Mo</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		<u>30 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cardio-Vascular-Renal Disease</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<u>20 years</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Scirrhus, (annular) Carcinoma Ascending Colon</u>			<u>18 months</u>

19a. DATE OF OPERATION -- --	19b. MAJOR FINDINGS OF OPERATION -----	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) -- -- --
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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? -- --
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22. I hereby certify that I attended the deceased from 7/21 1951, to 8/6, 1957, that I last saw the deceased alive on 8/6, 1957, and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mom Country</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Bethany, Missouri</u>	23c. DATE SIGNED <u>8/8/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-8-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ellen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>3-M NW Brookline Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-9-57</u>	REGISTRAR'S SIGNATURE <u>Gella Maxey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Boggs</u>	ADDRESS <u>Ridgeway Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

547

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

*Robert R. Rogers*

Licensed Embalmer No.

*9376*

P. O. Address

*Ridgeway 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.