

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009944

STATE FILE NUMBER

1285

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1285

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3313 Indiana		Length of stay in lb 50 yrs.	d. STREET ADDRESS 3313 Indiana		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LILLIAN Middle Last GARRISON			4. DATE OF DEATH March 11, 1958		
5. SEX Female ³	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> ² DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 20, 1884		9. AGE (In years last birthday) 73 yrs IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Parkville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Balden		13b. MOTHER'S MAIDEN NAME Kate Rodgers		14. NAME OF HUSBAND OR WIFE Edward Garrison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Nannie Nichols Parkville, Missouri Sis.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Hypertify					INTERVAL BETWEEN ONSET AND DEATH 4 Yr, 9
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension					8 Yr, 9
DUE TO (c) Obesity					443x ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input 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.) 0			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb. 3, 1958 to Feb. 11, 1958 and last saw her alive on Feb. 11, 1958 Death occurred at Feb. 11, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Emmett F. Walls (Degree or title) 1		22b. ADDRESS 2628 Troost		22c. DATE SIGNED 3-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-15-58		23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	
				23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton ADDRESS		25. DATE RECD. BY LOCAL REG. 3-11-58		26. REGISTRAR'S SIGNATURE Neva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Emmett F. Walls



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 *Dennis R. Watkins*

Licensed Embalmer No. *4500*
P. O. Address *18th & Benton*

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.