

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018182

STATE FILE NUMBER

2506

FILED JUN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2506

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 6411 MORNINGSIDEDRIVE		Length of stay in lb 12 YEARS	d. STREET ADDRESS (If outside, give location) 6411 MORNINGSIDEDRIVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HAROLD W. GARRISON			4. DATE OF DEATH Month Day Year MAY. 16. 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY. 11. 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) RETIRED 3RD LIVESTOCK BUYER		10b. KIND OF BUSINESS OR INDUSTRY Geo. F. FINE & COMPANY OF LIVESTOCK EXCHANGE	11. BIRTHPLACE (City and state or country) SHELBYVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? J. S. A.		13a. FATHER'S NAME JAMES GARRISON	
13b. MOTHER'S MAIDEN NAME FANNY SETTLE		14. NAME OF HUSBAND OR WIFE MRS. ALICE M. 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. 497-18-6901	17. INFORMANT Address Mrs. ALICE M. GARRISON 6411 MORNINGSIDEDRIVE KANSAS CITY MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) A. S. H. D. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH Few minutes Several years 420⁰
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.)	
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 Oct. 1956 to May 16, 1958 and last saw him alive on May 9 1958 Death occurred at 4:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold M. Roberts, M. D.		22b. ADDRESS 1103 Grand - K.C., Mo.	22c. DATE SIGNED 5-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 18 1958	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	23d. LOCATION (City, town, or county) (State), BELLEVILLE ILLINOIS
24. FUNERAL DIRECTOR DW. NEWCOMER'S SONS ADDRESS 1331 - BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 5-17-58	26. REGISTRAR'S SIGNATURE Neve Marshall

All diseases in Part I must be causally related. No symptoms will be listed.

Harold M. Roberts, M.D.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Signature *Harold B. Lettman*

Licensed Embalmer No. *3035*

P. O. Address *C. I. A.*

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).
A. 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.