Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020652
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 347 Primary Registration District No. 6157 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lampe — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lampe, Mo. — Length of stay in 1b years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stone
c. CITY OR TOWN Lampe 1040 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Lampe, Mo. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LOUIS Middle GRANT Last GARRISON
4. DATE OF DEATH Month March Day 20 Year 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH 10 Feb. 1868
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Stone County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jesse Garrison P
13b. MOTHER'S MAIDEN NAME Dont Know P
14. NAME OF HUSBAND OR WIFE Mary E. High Garrison P
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Earl Garrison — Address Berryville, Arkansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Endocarditis,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility.
DUE TO (c) 4214
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 ☐ 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 Jan 1956, to March 20, 58 and last saw him alive on March 1st, 1958
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. D. Lannan (Degree or title) M.D. 0
22b. ADDRESS Berryville, Arkansas
22c. DATE SIGNED 3-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-22-58
23c. NAME OF CEMETERY OR CREMATORY Blue Eye Cemetery
23d. LOCATION (City, town, or county) (State) Blue Eye, Missouri

24. FUNERAL DIRECTOR ADDRESS Nelson Funeral Home-Berryville, Ark.
25. DATE RECD. BY LOCAL REG. May 22, 1958
26. REGISTRAR'S SIGNATURE Mrs. J. Elmer Brown

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Charles M. Nelson

Licensed Embalmer No. 5002

P. O. Address Berryville, Va

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.