

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037296

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 220

S. 300  
-1-57

All diseases in Part I must be causally related. Do not use any standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAYTI</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>PORTAGEVILLE</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>ROUTE # 3</u>
3. NAME OF DECEASED (Type or print) First <u>EXIE</u> Middle <u>LULA</u> Last <u>GARRISON</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>1</u> Year <u>1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 9, 1907</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 <u>HOUSEWORK</u>	11. BIRTHPLACE (City and state or country) <u>TENNESSEE</u>
13a. FATHER'S NAME <u>GEORGE COLE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>HARLEY 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.	17. INFORMANT Address <u>HARLEY GARRISON PORTAGEVILLE, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Arteriosclerosis Heart Disease</u>			<u>Unknown</u>
DUE TO (c) <u>Obesity</u>			<u>4200</u>
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? 0 YES <input type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>31 October 1958</u> to <u>31 October 1958</u> and last saw her alive on <u>31 October 1958</u> Death occurred at <u>12:05</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Andrew E. Painter M.D.</u>		22b. ADDRESS <u>223 King St. Portageville, Mo.</u>	22c. DATE SIGNED <u>3 Nov 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV. 3, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>	23d. LOCATION (City, town, or country) (State) <u>CARTHERSVILLE, MO.</u>
24. FUNERAL DIRECTOR <u>DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>11-5-58</u>	26. REGISTRAR'S SIGNATURE <u>John W. Gorman</u>

JAN 12 1959

VS DEC 9 1959

CARUTHERSVILLE MO  
PHONE 79

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 *Joseph C. DeLush* .....

Licensed Embalmer No. *4421* .....

P. O. Address *PORTAGEVILLE* .....

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.