

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039293
STATE FILE NUMBER

80449-58
FICLU DEC 2 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cameron		c. CITY OR TOWN Cameron 02570 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Community Hospit		d. STREET ADDRESS Cameron Hospit (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 1 Day			

3. NAME OF DECEASED (Type or print) First Randy Middle Dale Last Garrison			4. DATE OF DEATH Month Nov. Day 15 Year 59		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 14 58	9. AGE (In years last birthday) 1 Day	IF UNDER 1 YEAR Months 1 Days 1 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Cameron Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Eugene Garrison	13b. MOTHER'S MAIDEN NAME Margie Helton	14. NAME OF HUSBAND OR WIFE None
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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 Mrs. J. L. Garrison	Address Cameron Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity & Congenital atelectasis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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 checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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 Cameron	COUNTY Mo	STATE Mo
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21. I attended the deceased from **11-14-58** to **11-15-58** and last saw ^{him} **alive** on **11-14-58**
Death occurred at **11:15** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. M. Campbell (Degree or title)	22b. ADDRESS Cameron Mo	22c. DATE SIGNED 11-15-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 15 58	23c. NAME OF CEMETERY OR CREMATORY Sola Cemetery	23d. LOCATION (City, town, or county) (State) Bussellville Ark.
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24. FUNERAL DIRECTOR Poland Funeral Home	ADDRESS Cameron Mo	25. DATE RECD. BY LOCAL REG. Nov 15-58	26. REGISTRAR'S SIGNATURE Francis D. Bradford
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 Robert F. Poland

Licensed Embalmer No. 4777
222

P. O. Address Cameron

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.