

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JUL 2 0 1959**

**59-024849**

Registration District No. 122 Primary Registration District No. \_\_\_\_\_ Registrar's No. 731-A STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> COUNTY <b>Tulsa</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pond Creek Twp.</b>		Length of stay in 1b <b>Accident</b>	c. CITY OR TOWN <b>Tulsa</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 mi. E. PP Hy.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1825 Forest Blvd.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>David A Garrick</b>	First Middle Last	4. DATE OF DEATH <b>July 2, 1959</b>	Month Day Year
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>27 Nov. 1910</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President Cherokee Laboratories</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Cherokee Laboratories</b>	11. BIRTHPLACE (City and state or country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Alexander Garrick</b>	13b. MOTHER'S MAIDEN NAME <b>Anne O Toole</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Mary Garrick</b>
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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) <b>Yes WW77</b>	16. SOCIAL SECURITY NO. <b>358 03 1743</b>	17. INFORMANT, Address <b>Mrs Mary Garrick Tulsa Okla.</b>
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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) <b>RUPTURE OF HEART</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 WSTANT</b>
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>HE WAS ONE OF FIVE PERSONS IN TWO MOTOR</b>
20c. TIME OF INJURY <b>PROX 3:22 P.M. JULY 2, 1959</b>	Hour Month, Day, Year <b>BEECH CRAFT AIRPLANE WHICH CRASHED IN WOODS AREA WEST OF REPUBLIC MO.</b>	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>PLANE CRASH IN WOODS</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>W OF REPUBLIC, GREENE, MISSOURI</b>
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21. I attended the deceased from \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
 Death occurred at **APPROX 3:22 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Ralph H. Thieme</b>	22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>16 July 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-3-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>
23d. LOCATION (City, town, or county) <b>Tulsa, Oklahoma</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>	

24. FUNERAL DIRECTOR <b>Cantrell F.H. Republic, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-17-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6231 7 517

JUL 20 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B. Couture

Licensed Embalmer No. 1520

P. O. Address Republ

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN' HANDWRITING. (Failure to c 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.