URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1959

59–035756
STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 34

AMENDED

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

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

3. NAME OF DECEASED (Type or print) First PERRY Middle A. Last GARRISON
4. DATE OF DEATH Month October Day 24 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH April 14, 1876
9. AGE (last birthday) 83
IF UNDER 1 YEAR Months 8 Days 10
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Owensville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Garrison
13b. MOTHER'S MAIDEN NAME Sarah Wiseman
14. NAME OF HUSBAND OR WIFE Lula Garrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Lula Garrison, Address Rosebud, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Tuberculosis of Lungs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cancer of Liver
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 5:00 Hour a.m. p.m. Month, Day, Year Oct, 24 59
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 Nov 16-1954 to 10-24-59 and last saw him alive on 10-20-59
Death occurred at 5:00 p.m. 10-24 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. H. Bradley (Degree or title) MD
22b. ADDRESS Owensville MO
22c. DATE SIGNED 10-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 27, 1959
23c. NAME OF CEMETERY OR CREMATORY Beouff Presbyterian
23d. LOCATION (City, town, or county) Gerald, Franklin, (State) Mo.

24. FUNERAL DIRECTOR Oltmann Funeral Home, ADDRESS Gerald, Mo.
25. DATE RECD. BY LOCAL REG. October 27, 1959
26. REGISTRAR'S SIGNATURE Mrs. Marion Tappmeyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

APR 1 1960

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 Ernst L. Oltmann

Licensed Embalmer No. 4054

P. O. Address Gerald, Mo.

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