MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000802
STATE FILE NUMBER

FILED VS JAN 30 1961

AMENDED

Registration District No. 101 Primary Registration District No. _____ Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Douglas

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Douglas

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Township | Length of stay in 1b Life | c. CITY OR TOWN Ava | Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | Inside Limits Yes ☐ No ☐ | d. STREET ADDRESS (If outside, give location) Route 3, | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Almeda Darcus Garrison

4. DATE OF DEATH Month Day Year: Jan. 16, 1961

5. SEX: Female | 6. COLOR OR RACE: White | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH: 5-22-81 | 9. AGE (last birthday): 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (City and state or country): Arden, Missouri | 12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Garrison | 13b. MOTHER'S MAIDEN NAME: Mary Rattledge | 14. NAME OF HUSBAND OR WIFE: Joseph M. Garrison

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. | 17. INFORMANT: Wilma Harper, R.3, Ava, Missouri Address

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) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1-15-57

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 1946
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. ☐ 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 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 3-9-46, to 1-16-61 and last saw her alive on 5-24-60
Death occurred at 8: P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. C. E. Harlan D.O. | 22b. ADDRESS: Ava Mo. | 22c. DATE SIGNED: 1-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 1-21-61 | 23c. NAME OF CEMETERY OR CREMATORY: Arden, | 23d. LOCATION (City, town, or county) (State): Arden, Missouri

24. FUNERAL DIRECTOR ADDRESS: Olinkingbeard Funeral Home, Ava, Mo. | 25. DATE RECD. BY LOCAL REG.: 1-20-61 | 26. REGISTRAR'S SIGNATURE: Vestal Bushman

(Licensed Embalmer's Statement on Reverse Side)

TYPEWRITER RIBBON — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

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_____ Signed Charles R. Fish

Signature of Student Embalmer

Licensed Embalmer No. 4662

P. O. Address Ava Mo.

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.