

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 560

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>			Length of stay in 1b	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3220<sup>A</sup> Iowa Av.</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3220<sup>A</sup> Iowa Av.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>John Wesley Garrison</i>				4. DATE OF DEATH Month Day Year <i>Jan. 18 1961.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov. 7 1897</i>	9. AGE (last birthday) <i>63</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 Hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Aircraft Mechanic</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and state or country) <i>Alto Georgia</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.G.</i>	
13a. FATHER'S NAME <i>William Garrison</i>			13b. MOTHER'S MAIDEN NAME <i>Susie Williams</i>		14. NAME OF HUSBAND OR WIFE <i>Bertha Garrison</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>W.W.I.</i>			16. SOCIAL SECURITY NO.	17. INFORMANT <i>Bertha Garrison</i>			Address <i>3220<sup>A</sup> Iowa Av.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion, chronic</i> DUE TO (b) <i>Coronary heart Disease.</i> DUE TO (c) <i>Chirrhosis of the liver.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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) <i>581.0</i>					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		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>581.0</i>			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from _____ to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <i>11:05 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Patrick E Taylor coroner</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>1-19-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1-21-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cem.</i>		23d. LOCATION (City, town, or county) <i>St. Louis Co. Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Witt Bro. L. H. C. 2929 S. Jefferson</i>			ADDRESS	25. DATE RECD. BY LOCAL REG. <i>JAN 19 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Stanley S. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis, 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.