

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

~~61-02-0881~~

AMENDED FILED JUN 23 1961 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 69 STATE FILE NUMBER 61-20331

1. PLACE OF DEATH
 a. COUNTY **Bates**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Butler** Length of stay in 1b **5 Days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Bates Co. Mem. Hosp.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Bates**
 c. CITY OR TOWN **Adrian** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
George Lloyd Garrison **June 7 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8-21-95** 9. AGE (last birthday) **65**
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Farmer** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Bates County, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Velasco Lloyd Garrison** 13b. MOTHER'S MAIDEN NAME **Mary Ellen Foster** 14. NAME OF HUSBAND OR WIFE **Viola H. Garrison**

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. 17. INFORMANT **Emsley Garrison, Adrian, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **24 hrs.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Chr. Pulmonary Emphysema** **3 yrs.**
 DUE TO (c) **Pulmonary Fibrosis** **5 yrs.**

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 **Butler, Missouri** COUNTY STATE

21. I attended the deceased from **Nov. 4, 1960** to **June 7, 1961** and last saw ^{her} him alive on **June 7, 1961**
 Death occurred at **9:40 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Carter W. Gutter** (Degree or title) **M.D.** 22b. ADDRESS **Butler, Missouri** 22c. DATE SIGNED **June 9-61** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6-10-61** 23c. NAME OF CEMETERY OR CREMATORY **Crescent Hill Cem.** 23d. LOCATION (City, town, or county) **Adrian, Mo.**

24. FUNERAL DIRECTOR **Six Funeral Service, Adrian, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **June 13-1961** 26. REGISTRAR'S SIGNATURE **Randall K... ..**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 _____

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.