

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-045978

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 524

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

<p>FILED JAN 9 1962</p>		<p>1. PLACE OF DEATH</p> <p>a. COUNTY St. Francois</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY Perry</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township</p>		<p>Length of stay in 1b 1Y;3M;15das.</p>		<p>c. CITY OR TOWN Perryville</p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4</p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) 609 W. St. Joseph</p>	
<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>					
<p>3. NAME OF DECEASED (Type or print) First Middle Last David Jackson Garris</p>			<p>4. DATE OF DEATH Month Day Year Dec. 27, 1961</p>		
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH May 19, 1915</p>	<p>9. AGE (last birthday) 46</p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR</p>
				<p>Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) Altenburg, Mo.</p>	
				<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>	
<p>13a. FATHER'S NAME Charles Garris</p>		<p>13b. MOTHER'S MAIDEN NAME Pearl Sigafus</p>		<p>14. NAME OF HUSBAND OR WIFE Never married.</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>		<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT Address Mrs. Pearl Garris, Perryville, Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>					
<p>IMMEDIATE CAUSE (a) Status epilepticus - - - - - instantaneous.</p>					
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>					
<p>DUE TO (b) Epilepsy with psychosis - - - - - Unknown.</p>					
<p>DUE TO (c) _____</p>					
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental deficiency.</p>				<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p>	
				<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from Dec. 27, 1961 to Dec. 27, 1961 and last saw him alive on Dec. 27, 1961</p> <p>Death occurred at 9:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) J. A. Brennan M.D.</p>			<p>22b. ADDRESS State Hospital No. 4, Farmington, Missouri</p>		<p>22c. DATE SIGNED 12-28-61</p>
<p>23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL</p>		<p>23b. DATE Dec. 29, 1961</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Home Cemetery, Perryville, Mo.</p>	
				<p>23d. LOCATION (City, town, or county) (State)</p>	
<p>24. HEALTH DIRECTOR ADDRESS Albert Bey, Perryville, Mo.</p>		<p>25. DATE RECD. BY LOCAL REG. Dec. 28, 1961</p>		<p>26. REGISTRAR'S SIGNATURE Ether Rudloff</p>	

(Licensed Embalmer's Statement on Reverse Side)

