

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-024078

STATE FILE NUMBER

Registration District No. 254 Primary Registration District No. 4386 Registrar's No. 33

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 20 1962

1. PLACE OF DEATH
 a. COUNTY **Oregon**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Thayer** Length of stay in lb **90 years**
 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 **Oregon**
 c. CITY OR TOWN **Thayer** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Ephriam Gaither Garrison **June 10 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-27-1871** 9. AGE (last birthday) **90**
 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) **retired** 10b. KIND OF BUSINESS OR INDUSTRY **Freight hauling** 11. BIRTHPLACE (City and state or country) **Stone Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Lewis Garrison** 13b. MOTHER'S MAIDEN NAME **Susan Collins** 14. NAME OF HUSBAND OR WIFE **Dora Pitchford**

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. **none** 17. INFORMANT **Earl Garrison, Thayer, Missouri** 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) **myocarditis**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 Month, Day, Year a.m. p.m.
 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 **Jan. 1949** to **6-10-62** and last saw him alive on **6-10-62**
 Death occurred at **9:15 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **John R. Collins M.D.** (Name or title) 22b. ADDRESS **Thayer Mo** 22c. DATE SIGNED **6-12-62**

23a. BURIAL-CREATION, REMOVAL (Specify) **Burial** 23b. DATE **6-12-1962** 23c. NAME OF CEMETERY OR CREMATORY **Thayer Cemetery** 23d. LOCATION (City, town, or county) (State) **Thayer, Missouri**

24. FUNERAL DIRECTOR **Carter Funeral Home, Thayer, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **6-12-62** 26. REGISTRAR'S SIGNATURE **Kay D. Gladin per R**

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

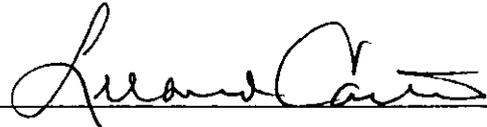
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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. 4516

P. O. Address West Plains, 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.