

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028124

STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 3053 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla		c. CITY OR TOWN Rolla	
Length of stay in lb 13 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co., Memorial		d. STREET ADDRESS (If outside, give location) 206 West 16th	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) OSCAR (NMN) GARRISON			4. DATE OF DEATH July 13, 1962
First OSCAR Middle (NMN) Last GARRISON		Month July Day 13 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 67-7-85
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrist		10b. KIND OF BUSINESS OR INDUSTRY Optometry	11. BIRTHPLACE (City and state or country) Waverley, Kansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jonathon Garrison	
13b. MOTHER'S MAIDEN NAME Anna Sweeney		14. NAME OF HUSBAND OR WIFE Evelyn 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. Not Available	
17. INFORMANT Mrs. Evelyn Garrison		Address 206 West 16th Rolla, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1-wk.
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
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 past 15 years to 7-13-62 and last saw him alive on 7-13-62 Death occurred at 3:30AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Feind m.d.		22b. ADDRESS Rolla mo.	
22c. DATE SIGNED 7-14-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 15, 1962	
23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		23d. LOCATION (City, town, or county) (State) Rolla, Missouri	
24. FUNERAL DIRECTOR By Paul E. Mull		25. DATE RECD. BY LOCAL REG. July 14 1962	
26. REGISTRAR'S SIGNATURE Nedra L. Stoll			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0817
2	0817
3	
4	0
5	1
6	
7	1
8	2
9	331X
10	
11	
12	1-0
13	1-0

DATE AMENDED
INSTEAD OF
SHOULD READ

8-28-62
7-7-65
6-7-65

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF **F. ...**

USE BLACK INK OR TYPEWRITER RIBBON

JUL 24 1962

AUG 28 1962

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 Paul E. Mull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.

MISSOURIA COLLEGE OF EMERALD STATE OF MISSOURI