

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28417**

FILED SEP 8 - 1953

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>4217</b>		Registrar's No. <b>193</b>			
1. PLACE OF DEATH a. COUNTY <b>HENRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WRIECH</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wriech</b>		0420			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Cleveland</b> c. (Last) <b>Garrison</b>			4. DATE OF DEATH (Month) <b>Sept</b> (Day) <b>3</b> (Year) <b>53</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4/18/85</b>			
9. AGE (In years, last birthday) <b>68</b>		10. MONTHS <b>4</b>		11. DAYS <b>16</b>		12. IF UNDER 1 YEAR: Hours <b>0</b> , Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mechanic</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Cock Co. Tenn</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Robert Absolom Garrison</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Shelton</b>		14. NAME OF HUSBAND OR WIFE <b>John Mae Overbey Garrison</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-14-0667</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lulu Mae Garrison</b>		ADDRESS <b>Wriech, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>				DUPLICATE				<b>immediate</b>	
ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____				_____	
DUE TO (c) _____				_____				_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Hypertension &amp; arteriosclerosis</b>				_____				<b>2 years.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>4201</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>Dead on arrival Sept 3 - 1953</b>					
22. I hereby certify that I attended the deceased <b>Dead on arrival</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:20 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Doctor or title) <b>W. R. S. Hollingsworth M.D. Clinician</b>				23b. ADDRESS <b>Missouri</b>		23c. DATE SIGNED <b>9/3/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 5 - 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wriech Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Wriech Mo</b>			
DATE REC'D BY LOCAL REG. <b>9-3-53</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Brown</b>		ADDRESS <b>Wriech Mo</b>			

SEP 23 1959

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 .....  
Student Embalmer

Signed *R R Kenney*

Licensed Embalmer No. *3099*

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.

*Kenney 8/11*