

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29094

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Ray County.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Grape Vine, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Norborne, Rout. 2.	
c. LENGTH OF STAY (In this place) 90 Years.		d. STREET ADDRESS (If rural, give location) North West Norborne.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: At Home, Norborne, Mo., RR. 2			

3. NAME OF DECEASED (Type or Print) a. (First) Mary. b. (Middle) Gardner. c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 21, 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 26/1858	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work.	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (State or foreign country) Madison County, Indiana.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jerry Meyer Gardner.	13b. MOTHER'S MAIDEN NAME Elizabeth Brook.	14. NAME OF HUSBAND OR WIFE Deceased.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME James G. Gardner	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-20-, 1952, to 8-21, 1952, that I last saw the deceased alive on 8-21, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. C. Cole, M.D.	23b. ADDRESS Norborne, Mo.	23c. DATE SIGNED 8-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 24/1952.	24c. NAME OF CEMETERY OR CREMATORY Wakendow Cemetery.	24d. LOCATION (City, town, or county) (State) Six Miles North Hardin, Mo.
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DATE REC'D BY LOCAL REG. Aug 25-1952	REGISTRAR'S SIGNATURE Malcol Jackson	25. FUNERAL DIRECTOR'S SIGNATURE John Dutch Jr	ADDRESS Norborne
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

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working under my personal supervision.

Student Embalmer No.....

Signed.....

John G. Reitch Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4797

P. O. Address Nashorne

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.