S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 24 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18546

Primary Registration District No. 3000

Registrar's No. 180

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim Smith Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~XXXXXXX~~ 8 days (Specify whether
In this community 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Lancaster
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

98
0
0
1

3. (a) PRINT FULL NAME Le Roy Gardine
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 4 (Day) 1914 (Year)

8. AGE: Years 33 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Lancaster (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Turkeys
FATHER
12. Name Earnest Gardine
13. Birthplace Lancaster, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Maude Derigo
15. Birthplace Lancaster (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Earnest Gardine
(b) Address Lancaster MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 48 (Month) (Day) (Year)
(c) Place: burial or cremation Arni
18. (a) Signature of funeral director P.O. Fenton
(b) Address Lancaster MO
19. (a) 6-17-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1948 hour 5:35 minute 35 P.M.
21. I hereby certify that I attended the deceased from June 3, 1948, to June 11, 1948; that I last saw him alive on June 11, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death — Repeated hemorrhages from varices of stomach —	Sev months
Due to — Cirrhosis of liver	2 yrs
Due to — Treatment of arthritis with colloidal gold (?) 2 yrs ago	1 yr
Other conditions Arthritis deformans & nephritis (Include pregnancy within 3 months of death)	sev yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature George E. Grim (M. D. or other) MD
Address Kirksville, Missouri Date signed 6/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-107
Date Filed JUN 22 1948

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.....
..... Registered Apprentice No.....,
king under my personal supervision.

Signed Purcell Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.