No. 300
10-48

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

FILED APR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12046

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 369

39 2 6 0

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 6 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 908 West Olive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory 43
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weaubleau 0
d. STREET ADDRESS (If rural, give location): ---- 0 1

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle): Zella
c. (Last): Gardenhire

4. DATE OF DEATH (Month) April (Day) 24 (Year) 1949

5. SEX: F M 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1877

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Winchester, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Francis Oliver White

13b. MOTHER'S MAIDEN NAME: Mattie Jane Park

14. NAME OF HUSBAND OR WIFE: Wm. Monroe Gardenhire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Iva Agee, Springflied, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart Disease — Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral insufficiency — Unknown
DUE TO (c) 11 OX

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Large Ovarian Tumor - (benign?) — 15 years

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30, 1949, *to* April 24, 1949, *that I last saw the deceased alive on* April 23, 1949, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth C. Coffee (Degree or title) M.D.

23b. ADDRESS: SPRINGFIELD, MO.

23c. DATE SIGNED: 4-25-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 27. 49.

24c. NAME OF CEMETERY OR CREMATORY: Mt. Gilead. Cem.

24d. LOCATION (City, town, or county) (State): Bolivar. Mo

DATE REC'D BY LOCAL REG.: 4/26/49

REGISTRAR'S SIGNATURE: W. E. Handley M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: W.L. Dunn, Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 L McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.