

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15435

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kennett</u> )		c. LENGTH OF STAY (in this place) township) <u>one yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kennett RFD #3</u>				d. STREET ADDRESS (If rural, give location) <u>Watson Add. to City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Billey</u>		b. (Middle) <u>Veum</u>		c. (Last) <u>Gardener</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 9 49</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>6-30-1946</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kennett, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ban Gardener</u>			13b. MOTHER'S MAIDEN NAME <u>Homie Walker</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ban Gardener Kennett, Mo - RFD # 3</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malnourishment</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital bilateral myeloid hernias and Imbecile 6 1/2 feet.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>30 days</u> <u>28 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 7<sup>th</sup></u> , 19 <u>49</u> , to <u>May 9<sup>th</sup></u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 9<sup>th</sup></u> , 19 <u>49</u> , and that death occurred at <u>6:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Allan H. Christiane, D.O.</u>				23b. ADDRESS <u>Lee Shelton Bldg., Kennett, Mo.</u>		23c. DATE SIGNED <u>5-10-1949</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-10-1949</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lutz Service</u>		ADDRESS <u>Kennett, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 542-588

Date Filed 5-14-49

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**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.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.