

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22805

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>825</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Rinn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>7 yrs 4 mo 8 ds</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0580</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #7</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #3</u>			
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Homer</u> c. (Last) <u>Gardner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>12</u> <u>1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 10, 1889</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rural</u>		11. BIRTHPLACE (State or foreign country) <u>Rinn County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>Thomas H. Gardner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gable</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Catherine Gardner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>nil</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Nettie Catherine Gardner Brookfield Mo</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>Left ventricular valve leaking</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>psychotic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>7 yrs</u> <u>4500</u> <u>7 yrs +</u>	
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) <u>No</u>		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>April 17, 1950</u> , to <u>7-12, 1950</u> that I last saw the deceased alive on <u>7-12, 1950</u> , and that death occurred at <u>9:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ossie W. D. State Hospital #7</u>				23b. ADDRESS		23c. DATE SIGNED <u>7.13.1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 18, 1950</u>		REGISTRAR'S SIGNATURE <u>H. G. Jenkins 382</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wester-Bauman Funeral Home, St. Joseph, Mo.</u>			

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 Eugene Wood

Signed.....
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph, 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.