

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32773

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 427

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BUTLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL BEAVERDAM</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HARVIELL 0130</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (if rural, give location) <b>ROUTE #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<b>JOSEPH</b>	<b>ALEXANDER</b>	<b>GARDNER</b>	<b>OCT 17 1950</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 29, 1872</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 18 HRS Days <b>18</b>	IF UNDER 18 RES. Hours <b>18</b>	IF UNDER 18 RES. Min. <b>18</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (State or foreign country) <b>BUTLER Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>THOMAS GARDNER</b>	13b. MOTHER'S MAIDEN NAME <b>AMANDA COPE</b>	14. NAME OF HUSBAND OR WIFE <b>ELLEN GARDNER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>X</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ELLEN GARDNER, R#1 HARVIELL, MO.</b>	ADDRESS <b>R#1 HARVIELL, MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>One Month</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Chronic Nephritis</b>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>572X</b>
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. I. Brandon, MD.</b>	(Type or title)	23b. ADDRESS <b>Brandon Hospital, Poplar Bluff</b>	23c. DATE SIGNED <b>10-17-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>10-19-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FAIR DEALING CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>FAIR DEALING, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 19-1950</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	428	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. Selig</b>	ADDRESS <b>Black's Mortuary, Corning, Ark</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

OCT 31 1950  
BUTLER CO. HEALTH CENTER  
FILE No. 1050-447

NOV 9 1950

**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 Roman J. Selig Jr.

Licensed Embalmer No. 562

P. O. Address Corning, Ark.

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.