

FILED FEB 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5628

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4413 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS: (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>SHERMAN</u> c. (Last) <u>GARDNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7-1951</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 18 1867</u>	9. AGE (In years last birthday) <u>84</u>	10. MONTHS <u>8</u>	11. DAYS <u>4</u>	12. IF UNDER 18: HOURS <u>0</u> MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone mason</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Garrison Gardner</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Gardner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lorena Coulter</u> ADDRESS <u>Portland Ore</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>47.3 X</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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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I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on Feb 7, 1951, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Mudd</u> (Degree or title) <u>Courier</u>	23b. ADDRESS <u>Beaulieu Square Mo.</u>	23c. DATE SIGNED <u>Feb 7-51</u>
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24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 12-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Frankford Missouri</u>
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DATE REC'D BY LOCAL REG <u>Feb 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. ...</u> ADDRESS <u>Frankford, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0820

Date Received: FEB 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-381
Date Filed: FEB 16 1951

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 *Paul Freds Meyers*

Licensed Embalmer No. *4093*

P. O. Address *Frankford 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.