

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12570

Registrar's No. 1737

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1012		Registrar's No. 1737	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.		c. LENGTH OF STAY (in this place) 25 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION 611 Westover Road				d. STREET ADDRESS (If rural, give location) 611 Westover Road 3818			
3. NAME OF DECEASED (Type or Print) a. (First) Mr Everett		b. (Middle) M.		c. (Last) Gardner		4. DATE OF DEATH (Month) (Day) (Year) April 16-1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH 3-18-1908	
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months Days		IF UNDER 1 Wk. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel Corp-Hot Springs Arkansas		11. BIRTHPLACE (State or foreign country) Hot Springs Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Mr V.O. Gardner		13b. MOTHER'S MAIDEN NAME May Mathews	
14. NAME OF HUSBAND OR WIFE Harriett Gardner				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-03-8448	
17. INFORMANT'S SIGNATURE OR NAME Mr V.O. Gardner				ADDRESS St Louis 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leading to death - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute alcoholism DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 32^h	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Geo. C. Kealhofer MD (Degree or title) <i>Geo C Kealhofer MD Deputy Coroner</i>				23b. ADDRESS 4050 Broadway St S		23c. DATE SIGNED 4-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-21-1951		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL REG. 4-21-51		REGISTRAR'S SIGNATURE Geraldine Helmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS France-Wornall Funeral Home			

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

VS
JUL 20 1938

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Russell N. France

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.