

FILED MAY 7 1951 STANDARD CERTIFICATE OF DEATH

State File No. 13150

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

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville</u> <u>0550</u>	
c. LENGTH OF STAY (in this place) <u>28 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Madison</u> c. (Last) <u>Gardner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 27, 1863</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR <u>11</u> Months <u>27</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
10a. 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>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>William P. Gardner</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Boyd</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Frances 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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O. H. Gardner,</u> ADDRESS <u>Aurora, 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>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic Insufficiency</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>12 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/211</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>12 February 1951</u> , to <u>23 April, 1951</u> , that I last saw the deceased alive on <u>23 April, 1951</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>O. W. Ramsey</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Marionville, Mo.</u>	23c. DATE SIGNED <u>24 April '51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 25, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Apr. 25-51</u>		REGISTRAR'S SIGNATURE <u>Dora Mae Natt</u> <u>157</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Hurdidge</u> ADDRESS <u>Marionville Mo.</u>

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED: APR 30 1951

Dist. File 457-940

Date Filed 4-30-51

MAY 7 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed German Sturridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.