

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7739

State File No. ....

FILED MAR 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5270 Registrar's No. 8

0720  
 3

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

|   |                               |   |  |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CHRISTIAN</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>"RURAL" LINCOLN</u>  |                               | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>"RURAL" LINCOLN</u> : 0720                                 |  |
| c. LENGTH OF STAY (In this place) <u>MOST OF LIFE</u>   |                               | d. STREET ADDRESS (If rural, give location) <u>2 MILES NORTH WEST CHEVER, MO.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/8 MILE EAST OF HOME ON ROAD</u>  |                               |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>JOHN</u>   |                               | b. (Middle) <u>WILLIAM</u>  |  |
| c. (Last) <u>GARDNER</u>  |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>MARCH 10 1952</u>   |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>   | 8. DATE OF BIRTH <u>FEB. 12 - 1878</u> |
| 9. AGE (In years last birthday) <u>74</u>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>                                      |  |
| 11. BIRTHPLACE (State or foreign country) <u>FRIEND - NEBRASKA</u>  |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>JAMES JESSE GARDNER</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>LAURA CRAUGHTER</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</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>NONE</u>   |                               | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALSIE GARDNER, CREVE COEUR, MISSOURI</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>SCLEROTIC HEART DISEASE (HISTORY) AND POSSIBLE CORONARY THROMBOSIS</u>  |                               | INTERVAL BETWEEN ONSET AND DEATH  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                               |   |  |
| II. OTHER SIGNIFICANT CONDITIONS <u>WAS WALKING FROM HIGHWAY #14 TO HOME IN RAIN, PROBABLY HURRYING TO FAST CAUSING FATAL HEART ATTACK.</u>   |                               |   |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION <u>4200</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 <u>AT DEATH</u> , 19 <u>52</u> , to <u>5:00 P. m.</u> , that I last saw the deceased alive on <u>8 MARCH</u> , 19 <u>52</u> , and that death occurred <u>REPORT</u> from the causes and on the date stated above. |                               |   |  |
| 23a. SIGNATURE <u>John Alan Harris</u> (Degree or title) <u>Cover Christian County</u>  |                               | 23b. ADDRESS <u>Chever, Mo.</u>   |  |
| 23c. DATE SIGNED <u>3/13/1952</u>   |                               |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |                               | 24b. DATE <u>MARCH 14 1952</u>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL CEMETERY</u>   |                               | 24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO., MO.</u>   |  |
| DATE REC'D BY LOCAL REG. <u>2-14-1952</u>   |                               | REGISTRAR'S SIGNATURE <u>Alvin Deere</u>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Alan Harris</u>  |                               | ADDRESS <u>Chever, Mo.</u>  |  |

MAY 30 1953

JUL 29 1952

JUN 26 1953

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, Ohio

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.