No. 300
10.48

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11952

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5075 Registrar's No. 7

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

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Golden City Rural
c. LENGTH OF STAY (In this place): 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Golden City Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Golden City, rural Golden City Twp.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANJE
b. (Middle): BERNADIENA
c. (Last): GARDNER

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 21, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roseland, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gerrit Snip
13b. MOTHER'S MAIDEN NAME: Tryntje Muller
14. NAME OF HUSBAND OR WIFE: Terry Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Terry Gardner, Golden City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic heartsuffering
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: 4201
20. AUTOPSY? YES ☐ NO ☑

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): Golden City Barton Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1952 *to* May 2, 1952 *that I last saw the deceased alive on* May 2, 1952 *and that death occurred at* 7:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Geldner M.D.
23b. ADDRESS: LAMAR (Mo)
23c. DATE SIGNED: 5-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10, 1952
24c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
24d. LOCATION (City, town, or county) (State): Lamar, Mo.

DATE REC'D BY LOCAL REG.: May 9-1952
REGISTRAR'S SIGNATURE: Hazel F. Pugh
24e. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Phillips Funeral Home, Golden City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 N. H. Pugh

Licensed Embalmer No. 3278

P. O. Address Golden City

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.