

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

RECEIVED SEP 19609
State File No. 14171
Registrar's No. 012880

No. 300
10.48
FILED JUN 20 1952

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 5740	REGISTRAR'S NO. 012880
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler 0120</u>		
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Paplar Bluff</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Paplar Bluff</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Paplar Bluff</u>		d. STREET ADDRESS (If rural, give location) <u>Route 4</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>MAY</u> c. (Last) <u>GARDNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-26 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>2-14-1904</u>	9. AGE (In years last birthday) <u>48</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Crosstawn Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MARDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jahn Gardner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jahn Gardner Paplar Bluff 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>Second Third Degree Burns</u> ANTECEDENT CAUSES <u>Entire Body</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>5-26</u> , 19 <u>52</u> , to <u>5-26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>52</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Frank E. Amell M.D.</u>		23b. ADDRESS <u>Paplar Bluff, Missouri</u>		23c. DATE SIGNED <u>May 28 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>
24d. LOCATION (City, town, or county) (State) <u>Paplar Bluff Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phelps Leuchel Paplar Bluff Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 9 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428-1

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

RECEIVED
JUN 18 1952
BUTLER CO. HEALTH CENTER
FILE No. 652-314

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 5-26-5

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Maple Bluff 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.