

No. 300 FILED JUN 24 1952

10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20802

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5573		Registrar's No. 84	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove (Rural)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove Rural		0480	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7 mi. n. West (Sm. a. h. p.)				d. STREET ADDRESS (If rural, give location) 7 mi. n. West. Sm. a. h. p.			
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) L. Gardner c. (Last) Gardner			4. DATE OF DEATH (Month) (Day) (Year) May - 17 - 1952				
5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov - 30 - 1876		9. AGE (In years last birthday) 75 f UNDER 1 YEAR Months 5 f UNDER 1 YEAR Days 17 f UNDER 1 YEAR Hours f UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Buckner - Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harvey Gardner			13b. MOTHER'S MAIDEN NAME Margaret Campbell		14. NAME OF HUSBAND OR WIFE Mary -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lee Gardner Buckner 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) Arterio Sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 2 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio Sclerotic 10 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Perniciosa Anemia 10 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4200		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 11-12, 1948 to 5-17, 1952, that I last saw the deceased alive on 5-15, 1952 and that death occurred at 1:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Death or title) Cammie W. Williams MD				23b. ADDRESS Oak Grove Mo		23c. DATE SIGNED 5-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE May-19-1952	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Independence RFD. Mo.		
DATE REC'D BY LOCAL REG. 5-19-52		REGISTRAR'S SIGNATURE Donald C. Emanuel 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wells Funeral Home Oak Grove Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 RECD

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.....

R B Webb

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Spring Md

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.