

No. 300
10. 48

JUL 14 1952

STANDARD CERTIFICATE OF DEATH

State File No. **21181**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **207**

644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) New Canton	
c. LENGTH OF STAY (in this place) 6 weeks		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth			

3. NAME OF DECEASED (Type or Print) a. (First) Charles O. b. (Middle) Gard c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 1 1952		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 31, 1876		9. AGE (In years last birthday) 75		10. UNDER 18 Hrs. Hours		11. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) New Canton Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Obed Gard				13b. MOTHER'S MAIDEN NAME Amanda Shewe				14. NAME OF HUSBAND OR WIFE Besse Gard			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0				16. SOCIAL SECURITY NO. XX				17. INFORMANT'S SIGNATURE OR NAME Louise Orrill Pleasant Hill Ill				ADDRESS			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia												ANTECEDENT CAUSES												36 hrs			
DUE TO (b) Cerebro-vascular accident												DUE TO (c) Arterio-sclerosis												6 weeks			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.																								2 yrs			

18a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 331X								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm Conitt Hamdy				23b. ADDRESS 1201 Bldgway				23c. DATE SIGNED 7/7/52			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 7/3/1952		24c. NAME OF CEMETERY OR CREMATORY Shearer				24d. LOCATION (City, town, or county) (State) New Canton Illinois			
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DATE REC'D BY LOCAL REG. 7-8-52		REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Hamdy				25. FUNERAL DIRECTOR'S SIGNATURE W. C. Hamdy				ADDRESS Hannibal Mo			
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RECEIVED JUL 9 1952
MARION CO. HEALTH DEPT
DATE FILED JUL 10 1952

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 _____

~~This body was not embalmed~~

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Warrenton, 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.