

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. ....

24478

2958

FILED AUG 4 1952

BIRTH NO. .... REG. DIST. NO. 197 PRIMARY REG. DIST. NO. 1007 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>36 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>916 Euclid</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>916 Euclid</u>		d. STREET ADDRESS <u>916 Euclid</u>	
3. NAME OF DECEASED (Type or Print) <u>Ella</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1952</u>	
5. SEX <u>Fe</u> 3	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid. 2</u>	8. DATE OF BIRTH <u>Aug. 3, 1884</u>
9. AGE (in years last birthday) <u>67</u>		10. UNDER 1 YEAR	11. UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Grayson Co. Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard G. Gardenhire</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Demons</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm. H. Gardenhire</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert M. Gardenhire</u> ADDRESS <u>R.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Diabetes</u>  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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)	
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 <u>October 15</u> , to <u>6-29-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-29-52</u> , 19 <u>52</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George H. Taft</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2204 E. 18th Street</u>	
23c. DATE SIGNED <u>6-30-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>June 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eufaula Ash</u>	
24d. LOCATION (City, town, or county) (State) <u>Okla.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Bros. Funeral Home</u> ADDRESS <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-30-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2011 BY 60321

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. 436

Signed Harriet Richards  
Student Embalmer

Signed C. Kenneth Heyford

Licensed Embalmer No. 4497

P. O. Address 2600 Tracy

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.