

FILED JAN 19 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2555

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 3

0821

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana 0821	
c. LENGTH OF STAY (in this place) 30 min.		d. STREET ADDRESS (If rural, give location) 907 North Carolina St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 Georgia St.			

3. NAME OF DECEASED (Type or Print) a. (First) WENDELL b. (Middle) WHEELER c. (Last) GARDNER			4. DATE OF DEATH JAN. 5, 1953 (Month) (Day) (Year)		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 19, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 8 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Owner of Candy shop		11. BIRTHPLACE (State or foreign country) Davenport, Iowa 1	
13a. FATHER'S NAME Tobias Gardner			13b. MOTHER'S MAIDEN NAME Ione Wheeler		14. NAME OF HUSBAND OR WIFE Ruth Gardner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-05-5170		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wendell Gardner, Louisiana, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S.					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Embolism			10 minutes
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Rheumatic Heart			10+ yrs
		DUE TO (c) Disease			
		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"/>
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 9-4, 1951, to 1-5, 1953, that I last saw the deceased alive on 1-5, 1953, and that death occurred at 11:15 AM., from the causes and on the date stated above.

23a. SIGNATURE Chas. A. Wheeler M.D. (Degree or title)		23b. ADDRESS Louisiana, Missouri		23c. DATE SIGNED 1-6-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/7/53		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
				24d. LOCATION (City, town, or county) Louisiana, Missouri (State)	

DATE REC'D BY LOCAL REG. Jan 7, 1953		REGISTRAR'S SIGNATURE Bernice Collier 374		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sterne Funeral Home, Louisiana, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Virginia M. Sterne*.....

Licensed Embalmer No. *4645*.....

P. O. Address *Louisiana, Missou*.....

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.