

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9307**

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **47**

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| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett | |
| c. LENGTH OF STAY (in this place) Life | | d. STREET ADDRESS (If rural, give location) 800 Alley St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 800 Alley St. | | | |

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| 3. NAME OF DECEASED (Type or Print) Raleigh A. Gardner | | | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 9th-1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 1876 | 9. AGE (In years last birthday) 77 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired |
| 10b. KIND OF BUSINESS OR INDUSTRY X | | | 11. BIRTHPLACE (City and State or Foreign Country) Senath Mo. (Rural) | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Bill Gardner | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Deceased |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Pearl Gardner ADDRESS 800 Alley Kennett Mo. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH 7 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <div style="text-align: right; font-size: 2em;">4343</div> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ |
| 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 Apr., 1953 to 9 Apr., 1953, that I last saw the deceased alive on 9 Apr., 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

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| 22a. SIGNATURE (Degree or title) James L. Cooper M.D. | 23b. ADDRESS Kennett Mo. | 23c. DATE SIGNED 10 Apr 53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-11-53 | 24c. NAME OF CEMETERY OR CREMATORY Hazel Cemetery | 24d. LOCATION (City, town, or county) (State) Kennett Mo. |
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| DATE REC'D BY LOCAL REG. 4-10-53 | REGISTRAR'S SIGNATURE Carl Husband | 25. FUNERAL DIRECTOR'S SIGNATURE Address Charles Decker Kennett Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

57
1

FILED APR 14 1953

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-11-53
COUNTY FILE NUMBER 453-103

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

Edgar Bruce Ford

Licensed Embalmer No. 4433

P. O. Address *Kennett 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.