

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>271</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Charlton</u>			
b. CITY OR TOWN <u>Brookfield Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Mendon, Rural</u>		<u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarnay Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Garrell</u> b. (Middle) <u>N.</u> c. (Last) <u>Gardner</u>			4. DATE OF DEATH <u>March 9/53</u> (Month) (Day) (Year)				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26/1896</u>	9. AGE (in years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 1 MIN. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Palmyra Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo L. Gardner</u>		13b. MOTHER'S MAIDEN NAME <u>Antonna Putnam</u>		14. NAME OF DECEASED WIFE <u>Mildred Gardner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mildred Gardner</u> ADDRESS <u>Mendon 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular dis</u> DUE TO (c) <u>Uremia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>6 years</u> <u>3 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>443X</u>		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) (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>Nov. 17, 1948</u> , to <u>March, 1953</u> , that I last saw the deceased alive on <u>March 9, 1953</u> , and that death occurred at <u>2:48</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. W. Bohannon M.D.</u> (Degree or title)			23b. ADDRESS <u>217 Linn, Drexel Mo</u>		23c. DATE SIGNED <u>3/11/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Comer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Mendon Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-13-53</u>		REGISTRAR'S SIGNATURE <u>Nadine Stambach, Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. A. Lepore</u> ADDRESS <u>Mendon Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0587
C

FEB 18 1963

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 L. L. Shepard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.