FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18028

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2573

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 613 Main 2128

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 613 Main

3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) c. (Last) Gardner

4. DATE OF DEATH (Month) (Day) (Year) 5-16-53

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married 1
8. DATE OF BIRTH 6-10-1873
9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Knoxville Tenn 1
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME W. D. Gardner
13b. MOTHER'S MAIDEN NAME Mary Allen Noth
14. NAME OF HUSBAND OR WIFE never married

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. 449-26-2292
17. INFORMANT'S SIGNATURE OR NAME C. C. Winter ADDRESS Knoxville Tenn

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. History asthma

INTERVAL BETWEEN ONSET AND DEATH: 241X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION no Port Permit
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner 3
23b. ADDRESS 1034 Rialto Bldg.
23c. DATE SIGNED 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 5/20/53
24c. NAME OF CEMETERY OR CREMATORY New Gray Cemetery
24d. LOCATION (City, town, or county) (State) Knoxville Tenn

DATE REC'D BY LOCAL REG. 5-20-53
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Peter B. Lapetina ADDRESS K-Mo

(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 Peter B. Rogelman

Licensed Embalmer No. 4773

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.