

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

State File No. **21120**

No. 800
10-48

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **73**

2720

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (in the place) 1 day	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bunceton Rural		d. STREET ADDRESS (If rural, give location) 10 miles S. of Boonville	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp.			
3. NAME OF DECEASED a. (First) BERNICE b. (Middle) ELIZABETH c. (Last) GANDER			4. DATE OF DEATH (Month) (Day) (Year) June 19, 1953
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 24, 1896
9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 Wks. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Schlitzger	13b. MOTHER'S MAIDEN NAME Ellen Barrett	14. NAME OF HUSBAND OR WIFE Elton Gander	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ←	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elton Gander, Bunceton, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured aneurysm of circle of Willis</u> 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 330.X	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 6-18-53 , 19____, to 6-19-53 , 19____, that I last saw the deceased alive on 6-19-53 , 19____, and that death occurred at 4:30 m., from the causes and on the date stated above.			
23a. SIGNATURE B. M. Stuart, M.D.		23b. ADDRESS 329 Main Boonville Mo	23c. DATE SIGNED 6-22-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 21, 1953	24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo
DATE REC'D BY LOCAL REG. 6/22/53	REGISTRAR'S SIGNATURE W. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hays - Painter, Pilot Grove, Mo	

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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 Robert L. Painter

Licensed Embalmer No. 4269

P. O. Address Pilot Grove, Wis.

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.