300
48

FILED JUL 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25372

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 342

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage, Missouri 0493
d. STREET ADDRESS (If rural, give location): 1033 W. Chestnut 1

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

4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 28, 1912
9. AGE (In years last birthday): 40 — 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: Retired Liquor store
11. BIRTHPLACE (City and State or Foreign Country): Jasper County, Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Ira Gardner
13b. MOTHER'S MAIDEN NAME: Elizabeth Faulkner
14. NAME OF HUSBAND OR WIFE: Oma B. 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.: 490-10-9687
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Oma B. Gardner — ADDRESS: Carthage, Mo.

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) Carcinoma of Liver

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

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1561
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1953 *to* 7-22, 1953, *that I last saw the deceased alive on* 7-22, 1953, *and that death occurred at* 1:40 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Joplin, Mo.
23c. DATE SIGNED: 7-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 7-24-53
REGISTRAR'S SIGNATURE: Ed D. James 138 — By Dolores Lampkins DR
25. FUNERAL DIRECTOR'S SIGNATURE: Knell Mortuary — ADDRESS: Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-28-53
Jasper County Health Office

County File Number 53-7-624

Date Filed 7-28-53

JUL 30 1953

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 H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.