

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

31020

FILED SEP 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1012

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>DeKalb - Rural</b>	
c. LENGTH OF STAY (In this place) <b>8y-1m-12d</b>		d. STREET ADDRESS (If rural, give location) <b>RR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b> b. (Middle) _____ c. (Last) <b>GARDNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 16, 1883</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DeKalb, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>H. B. Gardner</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Nora Gabbert</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Gardner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Gardner, DeKalb, Mo.</b> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sclerotic &amp; Thrombotic occlusion of coronary artery</b>		DUPLICATE			
		ANTECEDENT CAUSES		DUE TO (b) <b>Arterio-sclerosis</b>			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychosis Schizophrenia Paranoid type</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 May 1, 1953, to Sept 12, 1953, that I last saw the deceased alive on Sept 12, 1953, and that death occurred at 7:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Jarvis Thomas M.D.</b>		23b. ADDRESS <b>State Hospital #2, City</b>		23c. DATE SIGNED <b>9-12-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 15, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>Sept 26, 1953</b>		REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. Sidenhader</b> ADDRESS <b>1802 Williamson St.</b>	
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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 Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.