

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36678

State File No.

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5854 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins - rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins - rural</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles southwest</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHNNIE</u>	b. (Middle) <u>W.</u>	c. (Last) <u>GARDNER</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>10</u> <u>11</u> <u>53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12/5/97</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>Own account</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fremont County, Ia.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Gardner</u>	13b. MOTHER'S MAIDEN NAME <u>Roxie Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Inez Gray Gardner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. W. Gardner, Hopkins, Mo.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Prostate of neck</u> 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>1991</u>
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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? _____
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22. I hereby certify that I attended the deceased from Sept 12, 1953, to Oct. 11, 1953, that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. O.</u>	23b. ADDRESS <u>Maryville, Missouri</u>	23c. DATE SIGNED <u>10/12/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/14/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Hamburg, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>10-17-53</u>	REGISTRAR'S SIGNATURE <u>Beas Bolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home</u>	ADDRESS <u>Maryville, Mo.</u>
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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 Curtis E. Kenisley

Licensed Embalmer No. 4936

P. O. Address Massville, Ma

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.