

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

State File No. **38208**

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Milford Twsp. 0060	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Anderson Nursing Home		d. STREET ADDRESS (If rural, give location) Lamar RFD #3	

3. NAME OF DECEASED (Type or Print)	a. (First) KATHERINE	b. (Middle) IRENE	c. (Last) GARDNER	4. DATE OF DEATH (Month) (Day) (Year) Dec 10 1953
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 4 1901	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 3 Days 6	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Arcola, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Loyd Twadell	13b. MOTHER'S MAIDEN NAME Frances Wood	14. NAME OF HUSBAND OR WIFE Thomas W. Gardner
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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. xxx	17. INFORMANT'S SIGNATURE OR NAME Thomas W. Gardner, Lamar, Mo. R#3	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of uterus with metastasis in colon & bladder		
	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 operated 4 years ago 172x	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) LAMAR Barton Mo
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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?
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22. I hereby certify that I attended the deceased from **1949**, 19____, to **Dec 10**, 19**53**, that I last saw the deceased alive on **Dec 9**, 19**53**, and that death occurred at **2:45a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.R. Guldner M.D.	23b. ADDRESS LAMAR (Mo.)	23c. DATE SIGNED 12.11.53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-13-53	24c. NAME OF CEMETERY OR CREMATORY St. James Cemetery	24d. LOCATION (City, town, or county) (State) Barton County Missouri
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DATE REC'D BY LOCAL REG. 12-12-53	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri	ADDRESS
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(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

Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, 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.