

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38296**

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1200</u>
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 township) OR TOWN <b>St Joseph</b>		c. LENGTH OF STAY (in this place) <b>25 Yrs</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>D.O.A. St. Joseph's Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>405 So 6th St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Winnie</b> b. (Middle) <b>Rosco</b> c. (Last) <b>Gardner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Nov. 27, 1884</b>	9. AGE (in years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. None if retired) <b>Retired (3) Paperhanger</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Easton, Mo.</b>
13a. FATHER'S NAME <b>W.O. Gardner</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Moxley</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-14-6334</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Earl Gardner</b> ADDRESS <b>St Joseph, Mo.</b>
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) <b>Chronic Pulmonary Tuberculosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Man collapsed while on 18th and Olive streets, and was dead on arrival at the St Joseph Hospital.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>not known</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>11/18</u> to <u>11/18</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:38p</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>H. F. Mundy M.D. (Coroner)</b>		23b. ADDRESS <b>St Joseph, Mo.</b>		23c. DATE SIGNED <b>11/19/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-21-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St Joseph, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. S. Sanderford</b> ADDRESS <b>1802 Union St. St. Joseph, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Nov 20, 1953</b>		REGISTRAR'S SIGNATURE <b>Boethin M. Allison</b>		

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

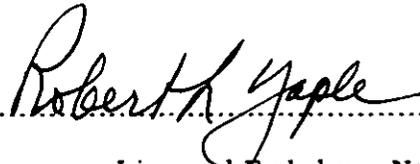
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STATEMENT BY LICENSED EMBALMER

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.....  
Signature of Student Embalmer

Signed.....



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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.