

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11520**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>410 Wildwood</b>		d. STREET ADDRESS (If rural, give location) <b>410 Wildwood</b>	
3. NAME OF DECEASED (Type or Print) <b>CHARLES</b>		a. (First) <b>E.</b> b. (Middle) <b>GARDNER</b> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 17, 1954</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>Jan. 16, 1904</b>		9. AGE (In years last birthday) <b>50</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Instructor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Schools</b>	
11. BIRTHPLACE (State or foreign country) <b>Stet, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James A. Gardner</b>		13b. MOTHER'S MAIDEN NAME <b>Dixie Edwards</b>	
14. NAME OF HUSBAND OR WIFE <b>Helen Gardner</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Gardner, Ex. Springs, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chondro Sarcoma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Headquarters operation</b> DUE TO (c) <b>196X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chauvinism past</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b> <b>3 yrs ago</b>		19. DATE OF OPERATION <b>1950</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 <b>Jan. 50</b> , 19 <b>50</b> , to <b>March 17, 1954</b> , that I last saw the deceased alive on <b>March 17, 1954</b> , and that death occurred at <b>5:45 p. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Caroline Ditchings, M.D.</b>		23b. ADDRESS <b>Excelsior Springs, Mo.</b>	
23c. DATE SIGNED <b>3-19-54</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3-19-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, Mo.</b>		DATE REC'D BY LOCAL REG. <b>4/1/54</b>	
REGISTRAR'S SIGNATURE <b>Caroline Ditchings</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Claude Richard</b>	
ADDRESS <b>Excelsior Springs, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 24

**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: Lindell K. Jerman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.