

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

41420

State File No. _____

FILED DEC 21 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 591

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>JOPLIN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>TODAY</u>		e. STREET ADDRESS (If rural, give location) <u>920 WEST A. ST. 0495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>PRESTON</u>	c. (Last) <u>GARDNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 9-1954</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>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 12-1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR 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>Superintending Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>CHESTERFIELD S.C.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>W. D. Gardner - Joplin, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Years? 48</u> <u>Months</u>
	Pneumonia RLL		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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.			

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>4200</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 11/16/54, to 12/9/54, that I last saw the deceased alive on 12/9/54, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Gardner M.D.</u> (Degree or title)	23b. ADDRESS <u>805 Frisco Bldg.</u>	23c. DATE SIGNED <u>12/11/54</u>
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24a. BURIAL, CREMATION, REINTERMENT <u>REMOVED</u>	24b. DATE <u>DEC 12-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DOW CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>GRAVETTE, ARKANSAS</u>
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DATE REC'D BY LOCAL REG. <u>12-16-54</u>	REGISTRAR'S SIGNATURE <u>Ed. S. James 138</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HURIBUT-LOVER</u>	ADDRESS <u>JOPLIN</u>
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(Licensed Embalmers' Statement on Reverse Side)

No. 300 10.48
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.....
Signature of Student Embalmer

Signed..... *Walter Glover*

Licensed Embalmer No. *458*

P. O. Address..... *Joplin*

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.