

S. No. 300
V. 10-48

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3873**

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **20**

0071
0

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian 0070	
c. LENGTH OF STAY (In this place) 5 Hrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Buell	b. (Middle) Gray	c. (Last) Gardner	4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 6 MRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Ry. Section	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elzy Allen Gardner	13b. MOTHER'S MAIDEN NAME Sallie Coleman	14. NAME OF HUSBAND OR WIFE Loduska 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. 702-18-3696	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Loduska Gardner, Adrian Mo.
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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 16 hrs 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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) 331X
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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?
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22. I hereby certify that I attended the deceased from **Feb. 20, 1955**, to **Feb. 30, 1955**, that I last saw the deceased alive on **Feb. 20, 1955**, and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. G. Robinson M.D.	23b. ADDRESS Adrian, Mo.	23c. DATE SIGNED 2-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-24-55	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.	24d. LOCATION (City, town, or county) (State) Adrian Mo.
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DATE REC'D BY LOCAL REG. Feb. 22-55	REGISTRAR'S SIGNATURE Nordell Kurray	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lif Funeral Service Adrian Mo
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(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1961

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 _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.