

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7121

State File No.

FILED MAR 31 1955

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| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | PRIMARY REG. DIST. NO. <u>3000</u> | Registrar's No. <u>82</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> | | |
| b. CITY OR TOWN <u>Fultonville Mo.</u> | c. LENGTH OF STAY (In this place) <u>3 days</u> | c. CITY OR TOWN <u>Queen City</u> | 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 <u>R.O.H. Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>0980</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ABNER</u> b. (Middle) <u>L.</u> c. (Last) <u>GARDNER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18 1955</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Sept 19, 1874</u> | 9. AGE (In years last birthday) <u>80</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Queen City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>John Gardner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen M. Cornick</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles Gardner</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Forest W. Gardner</u> ADDRESS <u>Queen City, Mo.</u> | | |
| 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 |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u> | | | | <u>4 days</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | |
| DUE TO (b) <u>Cerebral thrombosis</u> | | | | <u>4 days</u> |
| DUE TO (c) <u>Cerebral arteriosclerosis</u> | | | | <u>unknown</u> |
| 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"/> |
| 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>332 X</u> | | |
| 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>Mar 15, 1955</u> , to <u>Mar 18, 1955</u> , that I last saw the deceased alive on <u>May 18, 1955</u> , and that death occurred at <u>4:20 A</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>Wm. Lutenzahn D.D.</u> | | 23b. ADDRESS <u>Fultonville Mo</u> | 23c. DATE SIGNED <u>3-26-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Mar 20-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Queen City MO</u> | |
| DATE REC'D BY LOCAL REG. <u>3-26-55</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Woolly Funeral Home</u> ADDRESS <u>Queen City</u> | | |

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 *Jack / Dooley*.....

Licensed Embalmer No. *461*.....

P. O. Address *Queen City*.....

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.