

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28690**

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 6152		Registrar's No. 79	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		d. STREET ADDRESS (If rural, give location) R.F.D. #2, Arnold, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #25				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) (Tart) c. (Last) Lee Gardner			4. DATE OF DEATH Month Sept. Day 3 Year 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 8, 1910		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 5 Days 26	IF OVER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body repairman		10b. KIND OF BUSINESS OR INDUSTRY auto bodies	11. BIRTHPLACE (City and State or Foreign Country) Athens, Alabama		12. CITIZEN OF WHAT COUNTRY? U. S.		
13a. FATHER'S NAME Reese Gardner		13b. MOTHER'S MAIDEN NAME Mae Alsup		14. NAME OF HUSBAND OR WIFE Mamie Gardner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) #98-28-9378	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mamie Gardner, Arnold, Mo. R2				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage, and possible skull fracture</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 25		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Liberty Twp. Stoddard, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 3, 1955 2:30 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile collision			
22. I hereby certify that: I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:10 P. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ray W. Rainey Coroner			23b. ADDRESS Dexter, Missouri			23c. DATE SIGNED 9-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-5-55	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Kennett, Missouri		
DATE REC'D BY LOCAL REG. 9-7-55		REGISTRAR'S SIGNATURE Valencia H. Gankner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

1921 15 1212

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

Lucille Rainey

Licensed Embalmer No. _____

4983

P. O. Address _____

Depton, 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.