

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29468**

FILED OCT 3 - 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 853

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Crane</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>8 days</u>		e. STREET ADDRESS (If rural, give location) <u>1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Gardner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 28, 1955</u>
-------------------------------------	--------------------------	-----------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 11, 1935</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>12</u> Days <u>17</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	--	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Murley, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Charles F. Gardner</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Charles F. Gardner</u> ADDRESS <u>Crane, Missouri</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, asthma, 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>CEREBRAL EDEMA</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>CEREBRAL CONTUSION</u> 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"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy #166</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>S. Campbell Twp</u> (COUNTY) <u>Greene County</u> (STATE) <u>Missouri</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 20, 1955 7:30pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2 car accident</u> <u>Lost control of car.</u>
---	---	---

22. I hereby certify that I attended the deceased from 9-20, 1955, to 9-28, 1955, that I last saw the deceased alive on 9-28, 1955, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. K. King M.D.</u>	23b. ADDRESS <u>609 Cherry, Springfield</u>	23c. DATE SIGNED <u>9-28-55</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>September 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crane</u>	24d. LOCATION (City, town, or county) (State) <u>Crane, Missouri</u>
--	-------------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9-29-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Madame Funeral Home</u> ADDRESS <u>Crane, Mo.</u>
---	---	---

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

FEB 28 1956

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 *L. Arthur Gorman*

Licensed Embalmer No. *317*

P. O. Address *Springfield*

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.