

No. 300
0:48

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31945

State File No. _____

60920

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. _____ Registrar's No. 1821

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Grand Pass Twp.</u> c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY OR TOWN <u>Richmond</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>2 miles south Grand Pass</u>		e. STREET ADDRESS (If rural, give location) <u>404 South Camden</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>Elmer</u>	c. (Last) <u>Gardner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 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>August 5, 1931</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u>	IF UNDER 24 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>Gravel truck</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfork, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Elmer M. Gardner</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth M. Rule</u>	14. NAME OF HUSBAND OR WIFE <u>Betty Mittenburg Gardner</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY # <u>5II-28-8499</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elmer Gardner</u>	ADDRESS <u>Iona, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Inst. -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Collision of 2 Rock trucks.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Skull</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 (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road 13.25 State</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Grand Pass</u> (COUNTY) <u>Saline</u> (STATE) <u>Mo.</u>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-30-55 2:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision of 2 Rock trucks.</u>
--	---	---

22. I hereby certify that I attended the deceased from initial investigation on Sept. 10, 1955 to 30, 1955, 1955, that I last saw the deceased alive on _____, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. L. Lawless Coroner Saline Co.</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Marshall Mo.</u>	23c. DATE SIGNED <u>9-30-55</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Benton county, Missouri</u>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Oct 1-55</u>	REGISTRAR'S SIGNATURE <u>Cecil H. Reed</u>	3850	25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>	ADDRESS <u>MARSHALL, Mo.</u>
--	--	------	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James H. Lewis Jr.

Licensed Embalmer No. *470*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.