

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **82130**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **194**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Mexico, Mo.	c. LENGTH OF STAY (In this place) 2 Yrs	c. CITY OR TOWN Jefferson City, Mo.	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION Baker Nursing Home		e. STREET ADDRESS (If rural, give location) 1832 W Main	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) RICHARD c. (Last) GARTNER			4. DATE OF DEATH (Month) (Day) (Year) OCT. 9, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Aug 7, 1875		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY Rail road		11. BIRTHPLACE (City and State or Foreign Country) Palymara, Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Richard Gartner	13b. MOTHER'S MAIDEN NAME Mary Ann Smith	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. William Seeker J. C. Mo. ADDRESS

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 1 year 5 years 6 years 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	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) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Athletic 443X			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	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 **1/26**, 19**55**, to **10/5**, 19**55**, that I last saw the deceased alive on **10/5**, 19**55** and that death occurred at **2:30 m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas L. Sawyer, M.D.	23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED 10/11/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/11/55	24c. NAME OF CEMETERY OR CREMATORY St. Marys
24d. LOCATION (City, town, or county) Hannibal, Mo.		(State)

DATE REC'D BY LOCAL REG. Oct-11-1955	REGISTRAR'S SIGNATURE Blanche Keely 90	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle	ADDRESS J. C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 28 1958

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..... *Sylvester D. [Signature]*
Licensed Embalmer No. 43

P. O. Address *[Signature]*

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.