

FILED JUN 4 1956

STANDARD CERTIFICATE OF DEATH

State File No. 10120

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Grundy 0402		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton Missouri 4		c. LENGTH OF STAY (In this place) 4	c. CITY OR TOWN Trenton		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 Whitfield Nursing Home					
3. NAME OF DECEASED (Type or Print) Charles D GARDNER			4. DATE OF DEATH (Month) (Day) (Year) April 26 1956		
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAY 1 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) DAVIS CO. IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William R. Gardner		13b. MOTHER'S MAIDEN NAME SARAH ANN Goodnight		14. NAME OF HUSBAND/OR WIFE Ida Isabelle McCloud Gardner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Gardner Trenton, MO			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture neck of Left Hip ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 9047 45 040				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Whitfield Nursing Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Trenton Grundy Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-9-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down			
22. I hereby certify that I attended the deceased from 4-10 , 19 56 , to 4-26 , 19 56 that I last saw the deceased alive on 4-24 , 19 56 and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Oliver F. Duffy, M.D.		23b. ADDRESS Trenton Mo		23c. DATE SIGNED April 27	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/28/56	24c. NAME OF CEMETERY OR CREMATORY Willow Grove Cemetery	24d. LOCATION (City, town, or county) (State) R.F.D. BRIMSON, MO 1936		
DATE REC'D BY LOCAL REG. 4-28-56	REGISTRAR'S SIGNATURE June Fair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gordon Blackman Trenton, mo		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Gordon Blackman

Licensed Embalmer No..... 40

P. O. Address..... *Trenton*

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.