

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32993**

No. 300
10-48

FILED OCT 17 1956

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOW</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>	c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	c. CITY OR TOWN <u>HURDLAND</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>KIRKSVILLE OSTEOPATHIC</u>		STREET ADDRESS (If rural, give location) <u>NONE</u>	

3. NAME OF DECEASED (Type or Print) <u>JAMES</u>	a. (First)	b. (Middle) <u>L.</u>	c. (Last) <u>GARDNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 8 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 14 1897</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING + STORE CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STORE CLERK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LASALLE CO. ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN P. GARDNER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY A. LAMBURN</u>	14. NAME OF HUSBAND OR WIFE <u>SUSAN SMITH GARDNER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>444-38-4442</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MABEL LAMB HURDLAND MO.</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acidosis</u> DUE TO (c) <u>Uremia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chc glomerulonephritis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>592x</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 10-7, 1956, to 10-8, 1956 that I last saw the deceased alive on 10-8, 1956 and that death occurred at 9:15P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) of _____	23b. ADDRESS <u>Kirksville Mo</u>	23c. DATE SIGNED <u>10-12-56</u>
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24a. BURIAL (Specify) <u>BORELL</u>	24b. DATE <u>10-10-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>	24d. LOCATION (City, town, or county) (State) <u>HURDLAND MO</u>
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DATE REC'D BY LOCAL REG. <u>10-12-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prof. Basley Jr.</u>	ADDRESS <u>Hurdland Mo.</u>
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(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.....

Licensed Embalmer No. 3758

P. O. Address.....

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.