

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38968  
13

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>17 Mo.</u>		c. CITY OR TOWN <u>LaMonte</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>0 800</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Salon</u> c. (Last) <u>Gardner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 20 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>July 6 1862</u>	
9. AGE (In years last birthday) <u>94</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greensboro North Carolina</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A.R. Gardner</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Cole Train</u>			14. NAME OF HUSBAND OR WIFE <u>Retta Gardner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bruce Gardner</u> ADDRESS <u>Sedalia 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chdr. Valvular Disease</u>							
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LaMonte Pettis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>Oct 1, 1956</u> to <u>Nov 20, 1956</u> , that I last saw the deceased alive on <u>Nov 20, 1956</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>G. W. Hays</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Knob Master Mo</u>		23c. DATE SIGNED <u>Nov 21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>County Line</u>		24d. LOCATION (City, town, or county) (State) <u>LaMonte Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-26-1956</u>		REGISTRAR'S SIGNATURE <u>Levin...</u> Deputy		FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>		ADDRESS <u>LaMonte Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1951

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 Paul M. Moore .....

Licensed Embalmer No. 392

P. O. Address Lo Monte

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.