

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44761

BIRTH NO.		REG. DIST. NO. 237		PRIMARY REG. DIST. NO. 4353		Registrar's No.				
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid						
b. CITY (If outside corporate limits, write RURAL and give township) Gideon		c. LENGTH OF STAY (In this place) 18 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Gideon						
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 0720						
3. NAME OF DECEASED (Type or Print) a. (First) Alvin b. (Middle) David c. (Last) Gardner			4. DATE OF DEATH (Month) (Day) (Year) 12-30-1956							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 28, 1913		9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Alvin Gardner			13b. MOTHER'S MAIDEN NAME Eva Johnson		14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-28-1698		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva Gardner Gideon, Missouri						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Apoplexy</i> 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. 334x				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) m.		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 Dec 28, 1956, to Dec 30, 1956, that I last saw the deceased alive on Dec 30, 1956, and that death occurred at 4:30 p.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <i>W. B. Beeler M.D.</i>				23b. ADDRESS Gideon, Mo.			23c. DATE SIGNED Jan 3, 1957			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-1957	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) New Madrid, Missouri					
DATE REC'D BY LOCAL REG. 1-5-57		REGISTRAR'S SIGNATURE <i>Mrs F G Hopkins</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Lloyd Russell</i>			ADDRESS <i>Piggott, Ark</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JAN 11 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

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
Student Embalmer

Signed

Lloyd Russell

Licensed Embalmer No. 509-Ark

P. O. Address Piggott, Ark

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 this body is not embalmed, fact should be so stated above.