

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no registrar. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20724

STATE FILE NUMBER

FILED JUL 15 1957

38526-57 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hosp.			Length of stay in lb 3 Hours	d. STREET (If outside, give location) ADDRESS 1101 W. University		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First (None) Middle (None) Last GARDNER				4. DATE OF DEATH Month July Day 5 Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 5, 1957	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0 Hours 7 Min.	IF UNDER 24 HRS. 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Clifford Alvin Gardner				14. MOTHER'S MAIDEN NAME Gala Pauline Sams			
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 Address Clifford A. Gardner, Springfield, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The viable birth DUE TO (b) premature labor at 5 months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) 776x						INTERVAL BETWEEN ONSET AND DEATH 3 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 50		20f. CITY, TOWN, OR LOCATION Springfield, Mo.		20g. COUNTY Cleaver	
21. I attended the deceased from 9 AM to 10 AM and last saw her alive on 7-5-57		Death occurred at 7:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Conrad, M.D. (Degree or title)				22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 7-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/6/1957	23c. NAME OF CEMETERY OR CREMATORY Jamesville Cemetery		23d. LOCATION (City, town, or county) Cleaver, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR J. Alan Harris		ADDRESS Cleaver, Mo.		25. DATE RECD. BY LOCAL REG. 7-11-57		26. REGISTRAR'S SIGNATURE Frank Williamson	

(Licensed Embalmer's Statement on Reverse Side)

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 *J. Dean Harris*

*An External Embalming
Fluid Used*

Licensed Embalmer No. *43*

P. O. Address *Cleveland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.