

FILED DEC 31 1957

STANDARD CERTIFICATE OF DEATH

436665
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 305

V. S. 300
Rev. 1-57

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1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Olatha</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Hosp.</u>		Length of stay in 1b <u>11 hrs</u>	d. STREET ADDRESS <u>Naval Air Base</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Rhoda</u> Middle <u>Hillman</u> Last <u>Gardella</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>21</u> Year <u>1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 1, 1907</u>	9. AGE (In years last birthday) <u>50</u>	10. FUNDER 1 YEAR Months <u>8</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>North Adams Mass.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Crews</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Albert E. Gardella</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Mrs. Lorraine Wright Norfolk Va.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Concussion and Hemorrhagic Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 Hrs.</u>
DUE TO (b) <u>Severe Mutiple Lacerations and Fractures</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>2 Car Hiway Accident</u>
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20c. TIME OF INJURY <u>10</u> Hour <u>X.M.</u> Month, Day, Year <u>12/21/57</u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>	20f. CITY, TOWN, OR LOCATION <u>Hiway 40 2 mi E. Williamsburg</u> COUNTY <u>Callaway</u> MO.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:10</u> P. M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Nancy A. Stewart</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Fulton Missouri</u>	22c. DATE SIGNED <u>12/23/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12/23/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>J.K.</u>	23d. LOCATION (City, town, or county) (State) <u>Norfolk Va.</u>
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24. FUNERAL DIRECTOR <u>Morgan Funeral Home</u> ADDRESS <u>Fulton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 28, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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JAN 3 1958
JAN 3 1958
NS JUN 13 1959

NS MAY 12 1958

NS MAY 11 1958

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. 3722
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.