

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008477

STATE FILE NUMBER

Registration District No. 325

Primary Registration District No. 4480

Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Greentop</i>		c. CITY OR TOWN <i>Queen City</i>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Nursing Home</i>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <i>Orpha</i> Middle <i>Belle</i> Last <i>Gardner</i>		4. DATE OF DEATH Month <i>Feb</i> Day <i>14</i> Year <i>'58</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 23, 1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) <i>Queen City, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Fred Sloop</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Piper</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>A. B. GARDNER</i>		Address <i>Queen City, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i> DUE TO (b) <i>Atherosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fractured left femur</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>year</i>
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 <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.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <i>4-21-55</i> to <i>Feb. 14, 1958</i> and last saw her alive on <i>Feb. 14, 1958</i> Death occurred at <i>11:00</i> P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H.R. Stokes, Jr.</i>		22b. ADDRESS <i>Lawrence, Mo.</i>	
22c. DATE SIGNED <i>2-18-58</i>			
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE <i>Feb. 17 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Queen City Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Queen City Missouri</i>
24. FUNERAL DIRECTOR <i>Dooley Inrl Home</i>	ADDRESS <i>Queen City, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>2-17-58</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. R. J. Drake</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related

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. 4619.....

P. O. Address Queens, Cnty.

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.