

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009331
State No. 009331

FILED APR 7 1958

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville	c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Boonville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 325 1/2 Main	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) F. A. c. (Last) GANTNER			4. DATE OF DEATH (Month) (Day) (Year) March 29, 1958			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 4, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		10b. KIND OF BUSINESS OR INDUSTRY Photographic	11. BIRTHPLACE (City and State or Foreign Country) Boonville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Frank I. Gantner	13b. MOTHER'S MAIDEN NAME Marcy C. Smith	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs William Brengarth
15. (Yes, no, or unknown)	16. (If yes, give war or dates of service)	17. ADDRESS Boonville, MO.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 Day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vascular disease		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Boonville Mo	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2	

22. I hereby certify that I attended the deceased from 3:28, 1958, to 3:29, 1958, that I last saw the deceased alive on 3:29, 1958, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE J C Beckett (Degree or title)		23b. ADDRESS Mrs J Boonville Mo	23c. DATE SIGNED 3-31-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 1/58	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul's Cem, Boonville, Missouri	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 3/31/58	REGISTRAR'S SIGNATURE J Cooper	25. FUNERAL DIRECTOR'S SIGNATURE W. Shaker	ADDRESS Boonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

381

8861 0 6 707

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 *Berry W. Shaker*

Licensed Embalmer No. *394*

P. O. Address *Boonville*

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.