

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019703  
STATE FILE NUMBER  
5763  
Registration No.

FILED JUN 11 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar No.

S. 300  
1-57

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

|   |                               |   |  |   |  |  |  |                                   |  |
|---|-------------------------------|---|--|---|--|--|--|-----------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |  |  |                                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |                               |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                    | c. CITY OR TOWN <b>New Madrid 07210</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>    |  |                                   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Jewish Hospital 0</b>   |                               |   | Length of stay in 1b   |   | d. STREET ADDRESS (If outside, give location)<br><b>3/</b>               |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Nathaniel</b> Middle <b>Gardner</b> Last  |                               |   |  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>29</b> Year <b>1958</b>   |  |  |  |                                   |  |
| 5. SEX <b>male 2</b>  | 6. COLOR OR RACE <b>negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Sept. 24, 1938</b>   |  | 9. AGE (In years last birthday) <b>19</b>                                    | IF UNDER 1 YEAR<br>Months Days Hours Min.                                  |                                   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farmer</b>  |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br><b>Portageville, Mo. 0</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>                                |                                   |  |
| 13a. FATHER'S NAME<br><b>Ezekial Gardner</b>  |                               |   | 13b. MOTHER'S MAIDEN NAME<br><b>Madgie Woodard</b>   |   |  | 14. NAME OF HUSBAND OR WIFE  |  |                                   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                               |   | 16. SOCIAL SECURITY NO.<br><b>unknown</b>  |   | 17. INFORMANT Address<br><b>Ezekial Gardner, 2030 N. Taylor</b>          |  |  |                                   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Emaciation &amp; Muscular atrophy</b><br>DUE TO (b) <b>Degenerative Disease Nervous System</b><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Bronchial Pneumonia</b> |                               |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |                                   |  |
| 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<br>Hour Month, Day, Year<br>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.)  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   |  | STATE                             |  |
| 21. I attended the deceased from <b>5/26/58</b> to <b>5/29/58</b> and last saw her/him alive on <b>5/29/58</b> .<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |   |  |   |  |  |  |                                   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Charles H. Darr Jr. M.D. 0</b>   |                               |   |  | 22b. ADDRESS<br><b>216 So. Humphreys</b>  |  |  |  | 22c. DATE SIGNED<br><b>6/2/58</b> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   |                               | 23b. DATE<br><b>6-2-58</b>  | 23c. NAME OF CEMETERY OR CREMATORY   |   |  | 23d. LOCATION (City, town, or county) (State)<br><b>New Madrid, Missouri</b> |  |                                   |  |
| 24. FUNERAL DIRECTOR<br><b>Richards</b>   |                               |   | ADDRESS<br><b>New Madrid, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>JUN 3 '58</b>                         |  | 26. REGISTRAR'S SIGNATURE<br><b>J. Earl Smith, M.D.</b><br>S.P.            |                                   |  |

8961 T I NNP

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 *W E Morris* .....

Licensed Embalmer No. *3360* .....  
P. O. Address *St Louis, Mo* .....

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.