

Dr. Health,
, & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032424
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 150

4-
S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Harrison</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Trenton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Gilman City</i> <i>0410</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN HOSPITAL) (If location, length of stay in lb HOSPITAL OR INSTITUTION <i>Whitfield R. Home</i>			d. STREET ADDRESS <i>None</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Kamella Frances Gard</i>			4. DATE OF DEATH Month Day Year <i>9-25-1958</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"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12-26-1871</i>		9. AGE (In years last birthday) <i>86</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	11. BIRTHPLACE (City and state or country) <i>Livingston County Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Andrew Jackson Davis</i>		13b. MOTHER'S MAIDEN NAME <i>Caroline Raines</i>		14. NAME OF HUSBAND OR WIFE <i>Grant Gard</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If year of war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Garland Gard</i> Address <i>Bethany 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>arterio Sclerosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					<i>4500</i>
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 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 Month, Day, Year o.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>Sept 10-58</i> to <i>Sept 25-58</i> and last saw her alive on <i>Sept 21-58</i> Death occurred at <i>4:10 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <i>E. A. Ruffly M.D.</i>			22b. ADDRESS <i>Linton Mo</i>		22c. DATE SIGNED <i>Sept 27 58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9-28-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Christian Union Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Gilman City Mo</i>
24. FUNERAL DIRECTOR <i>W. Haas</i> ADDRESS <i>Bethany Mo.</i>		25. DATE RECD. BY LOCAL REG <i>9/28/58</i>		26. REGISTRAR'S SIGNATURE <i>J. E. Fair</i>	

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

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. B. Isaac*

Licensed Embalmer No. *3899*

P. O. Address *Biltmore, 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.