

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000192  
STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 49

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Columbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Carthage</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Univ. Medical Center</b>			Length of stay in 1b <b>19 days</b>		d. STREET ADDRESS (If outside, give location) <b>509 Fulton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Robert J. Gardner</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>28</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 18, 1888</b>		9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR: Months <b>7</b> Days <b>11</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Horse &amp; Mule Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>9 U.S.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>James Gardner</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Gardner</b>		
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. <b>105-07-2883</b>		17. INFORMANT <b>Hospital Record</b> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Post-operative complications</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Esophageal stricture</b> DUE TO (c) <b>Peptic Esophagitis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>5391</b>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>2:30</b> Month <b>Jan</b> Day <b>28</b> Year <b>1959</b> a.m. <b>pm</b>							
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>1-9-59</b> to <b>1-28-59</b> and last saw her alive on <b>1-28-59</b> Death occurred at <b>2:30 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <b>Dr. E. Stephens Jr.</b>		22b. ADDRESS <b>807 Stadium Rd</b>	
22c. DATE SIGNED <b>1-29-59</b>		23a. BURIAL CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>1-30-59</b>		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) (State) <b>CARTHAGE Missouri</b>		24. FUNERAL DIRECTOR <b>PACKER FUNERAL SERVICE</b>		ADDRESS <b>COLUMBIA, MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 30 1959</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959 § 1937

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 *John Phillips* .....  
Licensed Embalmer No. *4897* .....  
P. O. Address *Columbus, M.* .....

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.