

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008257

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN Kirkville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H		d. STREET ADDRESS (If outside, give location) 1001 W. Gardner St	
3. NAME OF DECEASED (Type or print) First Willard Middle A. Last Gardine			4. DATE OF DEATH Month April Day 7 Year 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking		10b. KIND OF BUSINESS OR INDUSTRY Truck Business	11. BIRTHPLACE (City and state or country) Schuyler County, Mo.
13a. FATHER'S NAME Abraham Gardine		13b. MOTHER'S MAIDEN NAME Josephine Coons	14. NAME OF HUSBAND OR WIFE Rhoda Craig
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Ellison Gardine, Kirkville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arteriosclerosis heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 4:00
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-23-59 to 4-7-59 and last saw him alive on 4-7-59 Death occurred at 10:20 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edgard A. 2</i>		22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 4-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/11/59	23c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery	23d. LOCATION (City, town, or county) (State) Queen City, Mo.
24. FUNERAL DIRECTOR <i>Paula Riley</i>		25. DATE RECD. BY LOCAL REG. 4-9-1959	26. REGISTRAR'S SIGNATURE <i>Doris W. Rathoff</i>

MEDICAL CERTIFICATION
 ADDISON
 All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Richard P. Ellis*

Licensed Embalmer No. *5036*
P. O. Address *Firshville*

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.