

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009949

STATE FILE NUMBER

FILED APR 3 1959 Registration District No. 160 Primary Registration District No. 559v Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jefferson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>FESTUS (Rural)</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>CRYSTAL CITY</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>JEFFERSON MEM'L HOSPITAL</i>		Length of stay in 1b	d. STREET ADDRESS <i>902 TAYLOR</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>GEORGE</i> Middle <i>S</i> Last <i>GARDNER</i>			4. DATE OF DEATH <i>MAR. 24, 1959</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 10, 1897</i>	9. AGE (In years last birthday) <i>61</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>STATIONARY ENG.</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>OHIO</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>WALTER W GARDNER</i>			14. MOTHER'S MAIDEN NAME <i>MATTIE CARAKOFF</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>YES WW-1</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>FLORA GARDNER 902 TAYLOR CRYSTAL CITY, 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>Portal thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Intestinal thrombosis</i> DUE TO (c) <i>Intestinal obstruction</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3-4 days</i> <i>6</i> <i>6</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Influenza</i>					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 <i>1:15</i> Month <i>3</i> Day <i>18</i> Year <i>1959</i> a. m. <i>A</i> 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 <i>3/18</i> to <i>3/24</i> and last saw <i>her</i> alive on <i>3/23</i> Death occurred at <i>1:15 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dr. C. C. ...</i> (Degree or title)			22b. ADDRESS <i>2146 Capital City Dr</i>		22c. DATE SIGNED <i>3/24</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)	
<i>REMOVAL</i>	<i>3/26/59</i>	<i>NATIONAL CEMETERY</i>	<i>JEFF. BKS. MO.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>JOHN L ZIEGENHEIN &amp; SONS 7027 GRAVOIS</i>		25. DATE RECD. BY LOCAL REG. <i>3-25-59</i>	26. REGISTRAR'S SIGNATURE <i>Paul G. ...</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 8 1968

APR 8 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ronald E. Benz*  
.....

Licensed Embalmer No. *46*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.