

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012507

STATE FILE NUMBER

MAY 4 1959 Registration District No. 43 Primary Registration District No. Registrar's No. 209

100
-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Poplar Bluff 01200
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 71 yrs.	d. STREET ADDRESS (If outside, give location) R. # 1
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Henrietta (Nettie) Gardner			4. DATE OF DEATH Month Day Year Apr. 16, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1875	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days 2 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Frankfort, Kentucky	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Marion Francis Hendrix		13b. MOTHER'S MAIDEN NAME Lucinda Lyons		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. G. Sparkman, Poplar Bluff, 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) <i>Cardiac Decompensation</i>			INTERVAL BETWEEN ONSET AND DEATH <i>13 days</i>
DUE TO (b) <i>Hypertensive Heart Disease</i>			
DUE TO (c) _____			
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 a.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>20 April 59</i> to <i>16 April 59</i> and last saw <i>her</i> alive on <i>7 April 1959</i> Death occurred at <i>9:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>W. R. Brooker MD</i>			22b. ADDRESS <i>321 Oak Poplar Bluff Mo 64601</i>		22c. DATE SIGNED <i>18 April 59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/18/59		23c. NAME OF CEMETERY OR CREMATORY Black Creek	
23d. LOCATION (City, town, or county) Poplar Bluff, Missouri		23e. STATE Missouri			
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell, Poplar Bluff, Mo.			25. DATE RECD. BY LOCAL REG. 4/25/59		26. REGISTRAR'S SIGNATURE <i>W. R. Brooker</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part 1 must be causally related.

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 *Edgar W. Jeffers*

Licensed Embalmer No. *3394*

P. O. Address *Poplar Bluff*

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.