

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040513

FILED VS DEC 15 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 560

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b 6 Mo		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 908 E. Fair			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 908 E Fair		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Ida Middle Gardener Last Gardener				4. DATE OF DEATH Month Dec. Day 6, Year 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 2-9-1884		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Ft. Scott, Kan.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Louis Gruber				13b. MOTHER'S MAIDEN NAME Mary Finch				14. NAME OF HUSBAND OR WIFE Charles H. Gardener					
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. J.R. Harrison 908 E Fair Indep., 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) Artherosclerotic Cardio-vascular Disease - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure 21 days DUE TO (c) 21 days										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m.		Month, Day, Year											
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 Nov. 12, 1959 to Dec. 6, 1959 and last saw her alive on Dec. 4, 1959 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) Shad Grubski, M.D.						22b. ADDRESS Independence, Mo			22c. DATE SIGNED 12/6/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-6-59		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery				23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri					
24. FUNERAL DIRECTOR ADDRESS Heaton-Bowman F. H. St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. 12-6-59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 R. Francis

Licensed Embalmer No. 4839

P. O. Address Indy, 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.