

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001560

FILED VS FEB 4 1960 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 370 STATE FILE NUMBER

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 Kansas City		Length of stay in 1b 33 Yrs.	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 417 South Monroe St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 417 South Monroe St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Arthur Middle Thomas Last Gardner			4. DATE OF DEATH Month Jan. Day 20 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JAN 26 1892	9. AGE (last birthday) 67
IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED GENSEN SALISBURY LAB.		10b. KIND OF BUSINESS OR INDUSTRY LAB.		11. BIRTHPLACE (City and state or country) Boston, Mass.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN GARDNER			13b. MOTHER'S MAIDEN NAME CATHERINE McDONALD		14. NAME OF HUSBAND OR WIFE DAISY GARDNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. 487 01 9383	17. INFORMANT Address DAISY GARDNER 417 SO. MONROE ST.		
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					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pain in chest 2 days				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Neighborhood Queens Corner			22b. ADDRESS 1034 Platte Bldg		22c. DATE SIGNED 1-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 23, 1960	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 1-22-60	26. REGISTRAR'S SIGNATURE new Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HIGHWAY OWNERS

STATEMENT BY LICENSED EMBALMER

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

Student _____

Signature of Student Embalmer

Signed

Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K C 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.