

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-015093

FILED VS APR 18 1960

STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 3457 Registrar's No. 34

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP) OR TOWN <u>Peace Valley</u> | | Length of stay in lb <u>2 years</u> | c. CITY OR TOWN <u>Peace Valley</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | | | |
|---|-------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>Ellen</u> Last <u>Gardner</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>7</u> Year <u>1960</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-20-79</u> | 9. AGE (last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and state or country) <u>Texas County, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Willaim Tosh</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Wood</u> | | 14. NAME OF HUSBAND OR WIFE <u>John A. Gardner</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Verdie Willbanks, Peace Vally</u> Address <u>Missouri</u> | | |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) cardiac Decompenstation with
 (b) Edema, Generalized Atherosclerosis
 (c) Osteoarthritis.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Peace Valley COUNTY Howell STATE Missouri

21. I attended the deceased from 12 Feb 59 to 7 Apr 60 and last saw her alive on 19-1-60
 Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) MD 22b. ADDRESS West Plains, Mo 22c. DATE SIGNED 13/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-10-60 23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery 23d. LOCATION (City, town, or county) (State) Peace Valley, Missouri

24. FUNERAL DIRECTOR [Signature] ADDRESS West Plains, Mo 25. DATE RECD. BY LOCAL REG. 4-16-60 26. REGISTRAR'S SIGNATURE Laura Mitchell

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Carter

Licensed Embalmer No. 4516

P. O. Address West Plains

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.