

61-020582
STATE FILE NUMBER

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 153

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Length of stay in lb 18 wks.
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton Inside Limits Yes No
d. STREET ADDRESS (if outside, give location) 507 E. 9th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Robert Harvey Gardner

4. DATE OF DEATH Month Day Year June 28 1961

5. SEX male 6. COLOR OR RACE White 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 8/3/1901 9. AGE (last birthday) 59

IF UNDER 1 YEAR Months Days Hours Min. 10 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant 10b. KIND OF BUSINESS OR INDUSTRY State Hosp. No. 1 Clark, Mo. 11. BIRTHPLACE (City and state or country) U. S. A. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Kirt Gardner 13b. MOTHER'S MAIDEN NAME Dolly Chism 14. NAME OF HUSBAND OR WIFE Mabel Chaney Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk. 17. INFORMANT Mrs. Robert Gardner, Fulton, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart Block INTERVAL BETWEEN ONSET AND DEATH 10 min.
DUE TO (b) Myocardial Disease 2 yrs.
DUE TO (c) Coronary Occlusion 2 yrs.
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 a.m. p.m. Month, Day, Year

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 COUNTY STATE

21. I attended the deceased from March 1961 to Death and last saw her/him alive on 6-21-61
Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Brown MD 22b. ADDRESS Fulton Mo 22c. DATE SIGNED 6-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/30/1961 23c. NAME OF CEMETERY OR CREMATORY Chapel Grove 23d. LOCATION (City, town, or county) Clark Mo

24. FUNERAL DIRECTOR Clen Y. Mathin, Fulton, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. June 30, 1961 26. REGISTRAR'S SIGNATURE Maretha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

1967 - 9 JAN SA

FEB 2 1962

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 Thomas M. Emmer

Licensed Embalmer No. 5064

P. O. Address Fulton, 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.