

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023646

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 603 Registrar's No. 106

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED JUN 19 1961**

1. PLACE OF DEATH  
a. COUNTY **Saline**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Barton**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Marshall** Length of stay in 1b **46 yrs.**

c. CITY OR TOWN **Lamar** Inside Limits Yes  No

c. FULL NAME OF HOSPITAL OR INSTITUTION **Marshall State School & Hospital** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **---** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Norma** Middle **Lee** Last **Gardner**

4. DATE OF DEATH Month **June** Day **13** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **3-22-1900** 9. AGE (last birthday) **61**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Patient** 10b. KIND OF BUSINESS OR INDUSTRY **---** 11. BIRTHPLACE (City and state or country) **Barton Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Alvin S. Gardner** 13b. MOTHER'S MAIDEN NAME **Susan Faubion** 14. NAME OF HUSBAND OR WIFE **---**

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 **Records of Marshall State School & Hosp., Marshall, 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) **Arterio-sclerotic heart disease** INTERVAL BETWEEN ONSET AND DEATH **6 mos.**  
DUE TO (b) **Fracture neck of rt. femur** **8 mos.**  
DUE TO (c) **---**

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) **Epilepsy, mental retardation**

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 COUNTY STATE

21. I attended the deceased from **4-1-1959** to **6-13-61** and last saw her/him alive on **6-13-61**  
Death occurred at **2:35 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **A. B. Day** (Degree or title) **M.D.** 22b. ADDRESS **Marshall State School & Hosp., Marshall, Mo.** 22c. DATE SIGNED **6-13-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6-13-1961** 23c. NAME OF CEMETERY OR CREMATORY **St. James Cemetery** 23d. LOCATION (City, town, or county) (State) **Sheldon Mo**

24. FUNERAL DIRECTOR **Larry Herschberg** ADDRESS **Marshall Mo** 25. DATE RECD. BY LOCAL REG. **6-13-61** 26. REGISTRAR'S SIGNATURE **Sevil J. Reed**

**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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall

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.