

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5725 -61-041051
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5725

FILED DEC 11 1961

DATE AMENDED

INSTEAD OF

FILE NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Donald S. Ferguson, M.D. MEDICAL CERTIFICATION

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 lb 37 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 2622 Park			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2622 Park		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First BRADY Middle GARDNER Last GARDNER				4. DATE OF DEATH Month November Day 12, Year 1961							
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/18/02		9. AGE (last birthday) 59 Yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10b. KIND OF BUSINESS OR INDUSTRY J. C. Nichols Co.			11. BIRTHPLACE (City and state or country) Minter City, Miss			12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Andrew Gardner				13b. MOTHER'S MAIDEN NAME Virginia Minter				14. NAME OF HUSBAND OR WIFE Willa B. Gardner			
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. -----				17. INFORMANT Willa B. Gardner Address 2622 Park K. C			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Hemorrhage								INTERVAL BETWEEN ONSET AND DEATH 3 WKS			
DUE TO (b) Broncho pneumonia								1 wk			
DUE TO (c) Arteriosclerosis General								10 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 10-22-61 to 11-12-61 and last saw him alive on 10/12-61 Death occurred at 10:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Donald S. Ferguson M.D. (Degree or title)						22b. ADDRESS 2012 West 24th St			22c. DATE SIGNED 11/6/61 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-16-61		23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery			23d. LOCATION (City, town, or county) Kansas City, Missouri				
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary ADDRESS K. C. Mo.				25. DATE RECD. BY LOCAL REG. 11-16-61		26. REGISTRAR'S SIGNATURE Ruth S. Long					

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 Millard B. Paskin

Licensed Embalmer No. 5013

P. O. Address K. C. M.

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.