2

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023047 ✓

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2795

FILED JUN 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 18 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Allbrittian Nursing Home — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 940 Everett St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Audrey Middle: Last: Gardner

4. DATE OF DEATH: Month 5 Day 19 Year 1962

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-5-1889
9. AGE (last birthday): 72 yrs. — 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): House work
10b. KIND OF BUSINESS OR INDUSTRY: Her Home
11. BIRTHPLACE (City and state or country): Sherman, Texas
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: George Robinson
13b. MOTHER'S MAIDEN NAME: Holly Crosby
14. NAME OF HUSBAND OR WIFE: Parker Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Myrtle White Address: 719 N. Spruce Colo. Spring

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis
DUE TO (b) Generalized atteriosclerosis
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic brain Syndrome

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 ☐ Neither
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: K.C. COUNTY: Jackson STATE: Mo.

21. I attended the deceased from 29 Dec 1960 to 5/19/62 and last saw her alive on 5/19/62
Death occurred at 8:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John H Wells MD (Degree or Title)
22b. ADDRESS: 3218 Prospect
22c. DATE SIGNED: 5/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/24/1962
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR: Mrs. J. W. Jones ADDRESS: 2110 N. 5th. St.
25. DATE RECD. BY LOCAL REG.: 5-24-62
26. REGISTRAR'S SIGNATURE: Russell H Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8150-X		
3			
4	3		
5	2		
6			
7	1		
8	2		
9	332X		
10			
11			
12	86-0		
13			

BY AFFIDAVIT OF DOCUMENT

John H. Wells

USE BLACK INK OR TYPEWRITER RIBBON

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 _____ Signed Eugene English

Signature of Student Embalmer

Licensed Embalmer No. 4105

P. O. Address 2110 m. 5th St
K-C-Kans

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.