

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042626

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 5545

FILED NOV 16 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>60 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5619 Tracy</b>		d. STREET ADDRESS (If outside, give location) <b>5619 Tracy</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Nora</b> Middle <b>H.</b> Last <b>Gardiner</b>			Month <b>October</b> Day <b>31</b> Year <b>1962</b>		

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-16-1894</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk (retired)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Internal Revenue</b>	11. BIRTHPLACE (City and state or country) <b>Wyandotte Co. Kans</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Martin Russell</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Horan</b>	14. NAME OF HUSBAND OR WIFE <b>Richard T. Gardiner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Husband</b> Address <b>5619 Tracy, K. C. Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation</b>		<b>15 min approx</b>
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Coronary Artery Disease</b>	DUE TO (b)	<b>5 hrs</b>
<b>Old Myocardial Infarction</b>		<b>5 hrs</b>
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.)
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20c. TIME OF INJURY	Hour <b>10-31-62</b> Month, Day, Year
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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
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21. I attended the deceased from **10-31-62** to **10-31-62** and last saw her alive on **10-22-62**.  
Death occurred at **about 3:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>L.F. Steffen M.D.</b> (Degree or title)	22b. ADDRESS <b>1193 Grand Ave K.C. Mo</b>	22c. DATE SIGNED <b>11-1-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-3-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
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24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>	ADDRESS <b>20 W. Linwood, K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-1-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>
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20 W. Linwood, K.C. Mo. (Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59

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23818  
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4 1  
5 1  
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9420.1  
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1290-0  
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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ

DOCUMENT  
BY AFFIDAVIT OF  
L.F. Steffen  
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Steffen

Vi 2-8180

Pross Bldg  
2 P.M. on thru  
afternoon  
M

**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 Hoyd F. Dickson

Licensed Embalmer No. 5120

P. O. Address KC. 14, 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.