

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

762-042627

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5638 STATE FILE NUMBER

FILED NOV 16 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 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>		Length of stay in 1b <b>45 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3346 PROSPECT</b>	
3. NAME OF DECEASED (Type or print) First <b>MR. PAUL</b> Middle <b>C</b> Last <b>GARDNER</b>		4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>5</b> Year <b>1962</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-18-1889</b>	9. AGE (last birthday) <b>73 YEARS</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED POSTAL CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. POST OFFICE</b>		11. BIRTHPLACE (City and state or country) <b>CASS COUNTY, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>ELZA GARDNER</b>		13b. MOTHER'S MAIDEN NAME <b>SALLY COLEMAN</b>	
14. NAME OF HUSBAND OR WIFE <b>LULASMITH GARDNER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>ROBERT E. HOWARD 6126 SNI-A-BAR RD.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>AMYOTROPHIC LATERAL SCLEROSIS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs ±</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
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 <u>1959</u> to <u>11/5/62</u> and last saw her/him alive on <u>11/5/62</u> Death occurred at _____ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James R. McVay</i> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>814 V.F.W. Bldg.</b>		22c. DATE SIGNED <b>11/6/62</b> (Type)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>11-7-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>COMMUNITY CEMETERY</b>		23d. LOCATION (City, town, or county) <b>BURLINGAME KANSAS</b>
24. FUNERAL DIRECTOR <b>MUEHLEBACH</b>		ADDRESS <b>6800 TROOST</b>		25. DATE RECD. BY LOCAL REG. <b>11-7-62</b>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Robert G. Linder

Licensed Embalmer No. 5103

P. O. Address K.C., 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.