

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023699

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 259

FILED JUL 2 1963

DO NOT WRITE ON THIS STUD.

AMENDED

VS 300
Rev. 4/59

1 0269
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|--|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Cole | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Jefferson City | | Length of stay in 1b 11 days | c. CITY OR TOWN Eldon | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) Charles E. Still Hosp | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Eldon, Mo. | |
| 3. NAME OF DECEASED (Type or print) CLIFTON GARDNER | | | 4. DATE OF DEATH June 27 1963 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-6-1898 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Manager | | 10b. KIND OF BUSINESS OR INDUSTRY Miller Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Abraham Gardner | | 13b. MOTHER'S MAIDEN NAME Sarah Rose Shackelford | | 14. NAME OF HUSBAND OR WIFE Ruby Ponder 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. 04 | | 17. INFORMANT Ruby Gardner Address Eldon, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive pneumonia DUE TO (b) Cachexia DUE TO (c) Abdominal Carcinomatosis - primary (hepatic) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | 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 6/17/63 to 6/27/63 and last saw ^{her} him alive on 6/27/63 . Death occurred at 9:10 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) R. A. Michael DO | | | 22b. ADDRESS Jefferson City, Mo. | | 22c. DATE SIGNED 6/27/63 |
| 23b. DATE June 30, 1963 | | 23c. NAME OF CEMETERY OR CREMATOR Iberia Cemetery | | 23d. LOCATION (City, town, or county) (State) Iberia, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24. FUNERAL DIRECTOR Scriver-Stevinson Iberia, Mo. | | 25. DATE RECD. BY LOCAL REG. 27 June 1963 | |
| 26. REGISTRAR'S SIGNATURE W. Richter, Reg. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

JUL 8 1963

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 Jay A. Stevens

Licensed Embalmer No. 5201

P. O. Address Stevens, 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.