

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4403

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5357</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Davies</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Davies</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Pattonsburg Rural</u> d. STREET ADDRESS (If rural, give locality) _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pattonburg</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give locality) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Everett</u> c. (Last) <u>Gardner</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 49</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct 4, 1896</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pattonsburg, Rural</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>John Gardner</u>		13b. MOTHER'S MAIDEN NAME <u>Perceva Stitt</u>	
14. NAME OF HUSBAND OR WIFE <u>Divorced</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>John Gardner</u> ADDRESS <u>Pattonsburg</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Skull Fracture</u> <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Numerous other fractures</u> DUE TO (c) <u>Caused from impact of automobile, 4.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4 mi. N. Pattonburg</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Davies Mo 31</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 Feb 49 7:30 P</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>Impact by Automobile Hwy # 69</u>				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred, at <u>7:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>loyd E. Nelson</u>				23b. ADDRESS <u>Pattonburg Mo</u>			
23c. DATE SIGNED <u>2-28-49</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>2/28/49</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>			
24d. LOCATION (City, town, or county) (State) <u>4 MI N. Of Pattonburg, Mo</u>				DATE REC'D BY LOCAL REG. _____			
REGISTRAR'S SIGNATURE <u>Virginia M. Englehart</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Gromer Funeral Home</u> ADDRESS <u>Pattonburg, Mo</u>			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

APR 12 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.

Signed Robert V. Dunham

Signed.....
Student Embalmer

Licensed Embalmer No. 4582

P. O. Address Pattonburg, 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 this body is not embalmed, fact should be so stated above.