

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37633

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Grandview		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) no street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address			

3. NAME OF DECEASED (Type or Print)	a. (First) Retta	b. (Middle) Alberta	c. (Last) Gardner	4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Sept. 4, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Newton, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Murray	13b. MOTHER'S MAIDEN NAME X Esley	14. NAME OF HUSBAND OR WIFE Oliver S. Gardner
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oliver S. Gardner, Grandview, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes		
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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-28-1949, to 11-24-1949, that I last saw the deceased alive on 11-24-1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.L. West	23b. ADDRESS A.O. Grandview Mo.	23c. DATE SIGNED 11-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 26, 49	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. Nov. 27-49	REGISTRAR'S SIGNATURE Dr. Annie B. Hodge	136	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.H. Grooms Sons Grandview Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 RECD

DEC 10 1949

**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 .....  
Student Embalmer

Signed A. R. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.