

FILED MAY 29 1950 STANDARD CERTIFICATE OF DEATH

State File No. 16599

BIRTH NO.		REG. DIST. NO. 147		PRIMARY REG. DIST. NO. 3537		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL SISSON TWP.</b>		c. LENGTH OF STAY (in this place) <b>4 1/2 MONTHS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL SISSON TWP. 0460</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WEST PLAINS, MO. R.R. 2</b>				d. STREET ADDRESS (If rural, give location) <b>WEST PLAINS, MO. R.R. 2</b>			
3. NAME OF DECEASED (Type or Print) <b>JOHN ADAM GARDNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 15, 1950</b>				
5. SEX <b>male 0</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married 1</b>		8. DATE OF BIRTH <b>JUNE 29, 1862</b>	
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months   Days		IF UNDER 4 Hrs. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>TRENTON, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JACOB GARDNER</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARITE CORBIN</b>		14. NAME OF HUSBAND OR WIFE <b>ELLEN 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'S SIGNATURE OR NAME ADDRESS <b>Mrs Verdie Wilbanks, W. PLAINS, MO. R.R.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation with Edema</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mitral Insufficiency</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>410X</b>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Mar 4, 1950</b> , to <b>May 15, 1950</b> , that I last saw the deceased <b>alone on May 14, 1950</b> and that death occurred at <b>2:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <b>Laura Mitchell, U.S.A.</b>				23b. ADDRESS <b>West Plains, Mo.</b>		23c. DATE SIGNED <b>16/5/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL 1</b>		24b. DATE <b>MAY 17, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ANTIOCH CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>GISSON TWP. HOWELL COUNTY, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-18-50</b>		REGISTRAR'S SIGNATURE <b>Laura Mitchell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hal Thomburg</b>		ADDRESS <b>W. Plains, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 5-22-50  
District Health Officer No. 5,  
District File Number. 550 211  
Date Filed 5-25-50

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

*Hal Homburg*

Licensed Embalmer No. 3488

P. O. Address *W. Plains, 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.