

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25812

State File No.

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6163 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>STONE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" CASS</u>		c. LENGTH OF STAY (in this place) <u>24 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" CASS</u>		<u>1040</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. #1, CLEVER</u>			d. STREET ADDRESS (If rural, give location) <u>RT. #1, CLEVER</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> b. (Middle) <u>ROY</u> c. (Last) <u>GARDNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APRIL 22-1921</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months Days 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>JAMESVILLE MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>MARION GARDNER</u>		13b. MOTHER'S MAIDEN NAME <u>MAUDE BADER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR. & MRS. MARION GARDNER</u>		ADDRESS <u>RT. 1, CLEVER</u>	

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) <u>States Epileptics</u>			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy since birth</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3 1/2</u>	
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) m.	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 1938, to June 19, 1950, that I last saw the deceased alive on April, 1950, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A.P. Cozetti</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Ames, Mo.</u>		23c. DATE SIGNED <u>6-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JAMESVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>STONE COUNTY MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>July 3-50</u>	REGISTRAR'S SIGNATURE <u>Lena Murray</u>	517	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Alan Harris Clever, Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 14 1950

Dist. File 750-807

Date Filed 7-15-50

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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
Student Embalmer

Signed John Dean Harris.....

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.