

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27640

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

*Dr. Chandler 0730-120*

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>5823</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>New Madrid Co</u>		c. LENGTH OF STAY (in this place) <u>6 M</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid Co.</u>		<u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>New Madrid Co.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Gardner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17 1950</u>	
5. SEX <u>Male</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u> <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 27, 1950</u>	
9. AGE (In years last birthday) <u>15M</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 1 HOUR Hours <u>5</u>		IF UNDER 1 MIN. Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>New Madrid Co</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Leroy Gardner</u>			
13b. MOTHER'S MAIDEN NAME <u>Dorothy Hill</u>				14. NAME OF HUSBAND OR WIFE <u>Father</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Madgie Gardner</u> <u>New Madrid</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Acute Broncho</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
DUE TO (b) <u>Pertussis</u>							
DUE TO (c) <u>Colitis</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>0561</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>Aug 16, 1950</u> , to <u>Aug 17, 1950</u> , that I last saw the deceased alive on <u>Aug 16, 1950</u> , and that death occurred at <u>10:30 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>O.B. Chandler M.D.</u> (Degree or title)				23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>8/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 17, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>8-20-50</u>		REGISTRAR'S SIGNATURE <u>Helew Land Jones</u> <u>216</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Funeral Service</u> <u>New Madrid</u>			

RECEIVED

AUG 28 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

*Not Embalmed*  
Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.