

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2353
Registrar's No. 5

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6261

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

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Web.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Benton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JUDY</u> b. (Middle) <u>JEAN</u> c. (Last) <u>GARDNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>7</u> <u>51</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>2-16-48</u>	9. AGE (In years last birthday) <u>2</u>	10. MONTH <u>11</u> DAY <u>22</u> HOUR <u></u> MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <u>Webster Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Rex Gardner</u>	13b. MOTHER'S MAIDEN NAME <u>Denman</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rex Gardner Fordland, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>491X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchi Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No Operation</u>	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)	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 2/5, 1951, to 2/7, 1951, that I last saw the deceased alive on 2/6, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. R. Schultz</u> (Degree or title)	23b. ADDRESS <u>Fordland, Mo.</u>	23c. DATE SIGNED <u>2/8/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-9-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fordland Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Fordland Missouri</u>		

DATE REC'D BY LOCAL REG. <u>2-8-51</u>	REGISTRAR'S SIGNATURE <u>Arthur W. Wood</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Valley Funeral Home</u>	ADDRESS <u>Fordland, Mo.</u>
---	--	--	---------------------------------

DIVISION OF DEATH OF MO.

District No. 5 - Springfield

RECEIVED FEB 13 1951

Dist. File 251-364

Date Filed 2-7-51

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 _____

Don Ferrell

working under my personal supervision.

Student Embalmer No. 397

Signed Don L. Ferrell
Student Embalmer

Signed K. K. Kelley
Licensed Embalmer No. 93334

P. O. Address Fordland me.

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.