

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24075

860

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMONS</u>		<u>0860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED a. (First) <u>ROBERT</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>GARDNER</u>	
4. DATE OF DEATH <u>JULY 23 1951</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 5 1868</u>		9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>3</u>		11. DAYS <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING CONSTRUCTION</u>		11. BIRTHPLACE (State or foreign country) <u>SCHYLER COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN GARDNER</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN M^c CORMACK</u>		14. NAME OF HUSBAND OR WIFE _____			
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 <u>H. W. Gardner, Lancaster, Mo.</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion 2 hours</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular</u> DUE TO (c) <u>renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>years</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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>July 20, 1951</u> , to <u>July 23, 1951</u> , that I last saw the deceased alive on <u>July 23, 1951</u> , and that death occurred at <u>11:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas L. Judd</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>7/24/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 24 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEMONS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEMONS MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-4-51</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Comstock</u> ADDRESS <u>COMSTOCK FUNERAL HOME UNIONVILLE MO.</u>			

Date Received: **AUG 7 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1418*
Date Filed: **AUG 7 1951**

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

James W Comstock

Signed.....
Student Embalmer

Licensed Embalmer No. *4197*

P. O. Address *Unionville, 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.