

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17434**

BIRTH NO.

REG. DIST. NO. **274**PRIMARY REG. DIST. NO. **3052**Registrar's No. **160**

## 1. PLACE OF DEATH

a. COUNTY **Pettis**b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN **Sedalia**c. LENGTH OF STAY (in this place)  
**55 yrs**2. USUAL RESIDENCE (Where deceased lived. If institution, residence before b. COUNTY **Pettis** admission)a. STATE **Missouri**b. COUNTY **Pettis**c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN **Sedalia****0804**d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**420 East 26th**d. STREET ADDRESS (If rural, give location)  
**420 East 26th****0**

## 3. NAME OF DECEASED

a. (First) **Lonezo**

b. (Middle)

c. (Last) **Gard**4. DATE OF DEATH (Month) (Day) (Year)  
**May 17, 1952**5. SEX **Male**6. COLOR OR RACE **White**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**8. DATE OF BIRTH  
**Dec. 25, 1872**9. AGE (in years last birthday) **79**IF UNDER 1 YEAR  
Months **4** Days **22**IF UNDER 1 HR.  
Hours  Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Laborer**10b. KIND OF BUSINESS OR INDUSTRY  
**Gen. Labor**11. BIRTHPLACE (State or foreign country)  
**Morgan County, Mo.**12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

## 13a. FATHER'S NAME

**Harrison Alonzo Gard**

## 13b. MOTHER'S MAIDEN NAME

**unknown**

## 14. NAME OF HUSBAND OR WIFE

**Rebecca M. Beeler Gard**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No**16. SOCIAL SECURITY NO.  
**\*\*\*\*\***17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Wm. E. Gard, son, 624 E. 15th**

## 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Confagration**

## 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.

**E9160  
16**

## MEDICAL CERTIFICATION

**Sedalia, Mo.**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

**132**

20. AUTOPSY?

YES  NO 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
**Accident**21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**Home**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
**Sedalia Pettis Missouri**21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
**May 17 1952 2:00 A.M.**21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?  
**House burned down**22. I hereby certify that I attended the deceased from **as before**, 10, that I last saw the deceased alive on **5/19/52**, and that death occurred at **2:00 A.M.** m., from the causes and on the date stated above.

## 23a. SIGNATURE

**Chas. Gordon Steuffels**

(Degree or title)

## 23b. ADDRESS

**Corner y Pettis Co**

## 23c. DATE SIGNED

**5-17-52**24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**24b. DATE  
**5/19/52**24c. NAME OF CEMETERY OR CREMATORY  
**Memorial Park**24d. LOCATION (City, town, or county) (State)  
**Sedalia, Mo.**

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE  
**W. E. Gard**25. GENERAL DIRECTOR'S SIGNATURE  
**Wm. E. Gard**

ADDRESS

**Sedalia, Mo**

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.

Signed.....  
Student Embalmer

Signed

*P. E. Baker*

Student Embalmer No.....

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.