S. No. 300
. 10.48

FILED MAY 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17435

804

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 159

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

3. NAME OF DECEASED (Type or Print)	a. (First) Rebecca	b. (Middle) Beeler	c. (Last) Gard	4. DATE OF DEATH (Month) (Day) (Year) May 17, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 24, 1879	9. AGE (In years last birthday) 73 — If under 1 year: Months 2, Days 23 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home-making	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Cole Beeler	13b. MOTHER'S MAIDEN NAME Cordelia Langdon	14. NAME OF HUSBAND OR WIFE Lonezo Gard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wm. E. Gard, son, 624 E. 15th Sedalia, Mo.	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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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

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.

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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) Sedalia (COUNTY) Pettis (STATE) 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~~ VIEWED the deceased ~~from~~ as Coroner, 19__, ~~that I last saw the deceased alive on _____, 19__~~, and that death occurred at 2:00 A m., from the causes and on the date stated above.*

23a. SIGNATURE Chas. Gordon Stauffacher MD (Degree or title)	23b. ADDRESS Coroner of 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, Missouri
DATE REC'D BY LOCAL REG. 5/19/52	REGISTRAR'S SIGNATURE A. J. Campbell MD Dolores Hall deputy	25. FUNERAL DIRECTOR'S SIGNATURE Duane Ewing	ADDRESS Sedalia, Mo.

2.51-0 (Licensed Embalmer's Statement on Reverse Side)

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

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 P. E. Baker

Signed.....
Student Embalmer

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.