

FILED SEP 2 - 1952

STANDARD CERTIFICATE OF DEATH

State File No. 29094

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 61

1. PLACE OF DEATH

a. COUNTY **Ray County.**

b. CITY (If outside corporate limits, write RURAL and give town) **Rural Grape Vine** OR TOWN **70 Years**

c. LENGTH OF STAY (In this place) **70 Years**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **At Home, Norborne, Mo., RR. 2**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri.** b. COUNTY **Ray**

c. CITY (If outside corporate limits, write RURAL and give township) **Norborne, Rout. 2.** OR TOWN **0870**

d. STREET ADDRESS (If rural, give location) **North West Norborne.**

3. NAME OF DECEASED (Type or Print)

a. (First) **Mary.** b. (Middle) **Gardner.** c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) **August 21, 1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 26/1858** 9. AGE (In years last birthday) **93** OF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House Work.** 10b. KIND OF BUSINESS OR INDUSTRY **XXXXXXXXXX** 11. BIRTHPLACE (State or foreign country) **Madison County, Indiana.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jerry Meyer Gardner.** 13b. MOTHER'S MAIDEN NAME **Elizabeth Brook.** 14. NAME OF HUSBAND OR WIFE **Deceased.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **No** 17. INFORMANT'S SIGNATURE OR NAME **James C. Gardner** ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocarditis** INTERVAL BETWEEN ONSET AND DEATH **2 Days**

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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **8-20**, 1952, to **8-21**, 1952, that I last saw the deceased alive on **8-21**, 1952, and that death occurred at **2 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **B. C. Cole, M.D.** 23b. ADDRESS **Norborne, Mo.** 23c. DATE SIGNED **8-22-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug. 24/1952.** 24c. NAME OF CEMETERY OR CREMATORY **Wakendow Cemetery.** 24d. LOCATION (City, town, or county) (State) **Six Miles North Hardin, Mo.**

DATE REC'D BY LOCAL REG. **Aug 25 - 1952** REGISTRAR'S SIGNATURE **Malcol Jackson** 25. FUNERAL DIRECTOR'S SIGNATURE **John Dutch Jr** ADDRESS **Norborne**

(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 me

working under my personal supervision.

Student Embalmer No.....

Signed John G. Reitch Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4797

P. O. Address Nashorne

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.