

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42830**

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **433**

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) RURAL-Round Grove Township	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 14 mi. West Palmyra, Mo. 0640	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Ellis c. (Last) Gardhouse			4. DATE OF DEATH (Month) (Day) (Year) Dec. 26 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4 Oct. 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Gardhouse	13b. MOTHER'S MAIDEN NAME Elinor Piercy	14. NAME OF HUSBAND OR WIFE Sophia Elizabeth Gardhouse
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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. 486-34-8084	17. INFORMANT'S SIGNATURE OR NAME Howard J. Gardhouse, Palmyra, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage Rt Middle Cerebral artery 4 days.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **21 Dec**, 19**52**, to **26 Dec**, 19**52**, that I last saw the deceased alive on **26 Dec**, 19**52**, and that death occurred at **12:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE Wyrth Hamlin	(Degree or title) M.D.	23b. ADDRESS Palmyra Mo.	23c. DATE SIGNED 30 Dec 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 29 Dec. 1952	24c. NAME OF CEMETERY OR CREMATORY Emerson Cemetery	24d. LOCATION (City, town, or county) (State) Emerson, Missouri
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DATE REC'D BY LOCAL REG. 12-31-52	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE Levis Brothers	ADDRESS Palmyra, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 2 1953
MARION CO. HEALTH DEPT.
DATE FILED JAN 2 1953

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.....
Student Embalmer

Signed

George M. Lewis

Licensed Embalmer No.

41851

P. O. Address

Salmon, 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.