

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10406**

No. 300 FILED MAR 24 1953
10.48

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 51

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Laclede | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon, Missouri | | c. LENGTH OF STAY (in this place) X | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia, Missouri | | 0660 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Long's Rest Home | | d. STREET ADDRESS (If rural, give location) None | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Shay b. (Middle) (None) c. (Last) Gardner | | | 4. DATE OF DEATH (Month) (Day) (Year) March 16, 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH Feb. 2, 1873 |
| 9. AGE (In years last birthday) 80 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 11. BIRTHPLACE (City and State or Foreign Country) Iberia Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY None | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Jacob Gardner | | 13b. MOTHER'S MAIDEN NAME Emma Smith | 14. NAME OF HUSBAND OR WIFE Unknown |
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Gardner Crocker, Mo Rural |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH (?) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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 4500 | | 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 type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>3-1</u> , 19 <u>53</u> , to <u>3-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-16</u> , 19 <u>53</u> , and that death occurred at <u>10:10</u> a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE R. E. Hanel (Degree or title) MD | | 23b. ADDRESS Lebanon, Missouri | 23c. DATE SIGNED 3-18-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE March 18/53 | 24c. NAME OF CEMETERY OR CREMATORY Livingston Cemetery | 24d. LOCATION (City, town, or county) (State) Iberia, Mo Rural |
| DATE REC'D BY LOCAL REG. 3-19-1953 | REGISTRAR'S SIGNATURE Hella S. Hays | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Hedges Hedges Funeral Home Iberia, Mo | |

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

MAR 21 1953

Received

Laclede County Health Unit

File No. 2-53-58

Date Filed MAR 23 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Shelton, 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.