

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18570

State File No. _____

No. 300 ED MAY 21 1953

10.48

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 2036 Registrar's No. 53

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Lawrence</u>	b. CITY (If outside corporate limits, write RURAL and give town) <u>Aurora</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Lawrence</u>
c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u> <u>1551</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>724 Griffith</u>		d. STREET ADDRESS (If rural, give location) <u>724 Griffith</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>George</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Gardner</u>	(Month) <u>May</u>	(Day) <u>6</u>	(Year) <u>1953</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 6, 1883</u>		9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stone County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>James W. Gardner</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Jeffries</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Gardner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>	16. SOCIAL SECURITY NO. <u>507-14-0238</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James W. Gardner</u> <u>Aurora Rt. 1</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suicide</u> DUE TO (c) <u>22 Rifle Heart & Head</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	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) m.	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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Forest</u>	23b. ADDRESS <u>3 Lawrence Missouri MO.</u>	23c. DATE SIGNED <u>5-7-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Lawrence County Missouri</u>		

DATE REC'D BY LOCAL REG. <u>May 14 - 53</u>	REGISTRAR'S SIGNATURE <u>Ora Mae Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marsh Funeral Home</u> <u>Aurora, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

551
1

MAY 27 1953
JUN 27 1953

JUN 8 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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Robert E. Muhleman*

Licensed Embalmer No. *4916*

P. O. Address *Carroll, 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.