

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0452

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 315

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

1. PLACE OF DEATH a. COUNTY <u>Henry County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Rafayette</u>	
b. CITY OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Higginsville 054</u>	
c. LENGTH OF STAY (in this place) <u>3 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2112 Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4025 Main St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>S. Gardner</u> c. (Last) <u>Gardner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 18 1954</u>
--	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 20, 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Arrel Gardner</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Aunie Gardner</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Gardner</u> ADDRESS <u>Higginsville, Mo.</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 <u>six days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary paralysis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>arteriosclerosis</u>		
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 <u>332X</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) (Min.)	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 2-12, 1954, to 2-18, 1954, that I last saw the deceased alive on 2-18, 1954 and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Sunderwath, D.O.</u>	23b. ADDRESS <u>109 E. Ohio, Clinton, Mo.</u>	23c. DATE SIGNED <u>2-18-54</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Feb-20-54</u>	REGISTRAR'S SIGNATURE <u>Florina Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Hader</u> ADDRESS <u>Higginsville, Mo.</u>
---	--	--

FEB 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Forest Reekhof

Licensed Embalmer No. 142844

P. O. Address Higginville, 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.