

STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1954

State File No. 278
Registrar's No. 278

REG. DIST. NO. 200

PRIMARY REG. DIST. NO. 3041

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (In this place) 7 Mo. 9 Ds.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan		d. STREET ADDRESS (If rural, give location) 116 Vine St.	
3. NAME OF DECEASED (Type or Print) a. (First) HETTIE b. (Middle) LEE c. (Last) GARDNER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 11 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 1, 1890
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months 1 Days 10	11. UNDER 1 MIN. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant, Ready To Wear		10b. KIND OF BUSINESS OR INDUSTRY Macon Co. Missouri	
11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Gardner		13b. MOTHER'S MAIDEN NAME Francis Stebbins	
14. NAME OF HUSBAND OR WIFE			
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. 486-05-9479	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Brace Fox		ADDRESS Macon, Mo.	
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) Carcinoma Breast		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
*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. General metastasis		1 1/2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170 X	
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 Nov , 19 54 , to Sept 11 , 19 54 , that I last saw the deceased alive on Sept 10 , 19 54 , and that death occurred at 3 a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Howard D. Miller MD		23b. ADDRESS Macon	
23c. DATE SIGNED 9/14/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-13-1954	
24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Macon Mo.	
DATE REC'D BY LOCAL REG. 9/30/54		REGISTRAR'S SIGNATURE J. M. Neely	
25. FUNERAL DIRECTOR'S SIGNATURE R. E. Stebbins		ADDRESS Macon, Mo.	

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

JUL 1 1955

AUG 1 1955

RECEIVED 10.5.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.54.152
Date Filed 10.12.54

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.

Signed R. Lester Brun

Signed _____

Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Macon, Ma

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.