No. 300
10-48

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4793

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 438

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 3½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JACKSON
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 1109 Armour Apt 814

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): THOMAS
c. (Last): Gardner

4. DATE OF DEATH (Month) (Day) (Year): 1-28-55

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED~~, DIVORCED (Specify): never married
8. DATE OF BIRTH: 12-6-1904
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PHARMACIST
10b. KIND OF BUSINESS OR INDUSTRY: Highland Drug Store
11. BIRTHPLACE (City and State or Foreign Country): ALGONA, IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: BYRON H. GARDNER
13b. MOTHER'S MAIDEN NAME: CARRIE COLE
14. NAME OF ~~HUSBAND OR~~ WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 508-36-9304
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: 1109 E. ARMOUR. MRS. CARRIE C. GARDNER - KANSAS CITY, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sero Sanguinous effusion
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): St Pheral Cavity
DUE TO (c): Fractured Ribs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Broncho Pneumonia Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident Street
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — Cass MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 17-55 4:15 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: One Car Turned over

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 4:05 P.M. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh H. Owens Hugh H. Owens Coroner
23b. ADDRESS: 1036 Rialto Bldg
23c. DATE SIGNED: 1-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN 31, 1955
24c. NAME OF CEMETERY ~~OR CREMATORY~~: FOREST HILL CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 1-31-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D. H. Newcomer Sons 1331 Brush Creek Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 481

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.