

34985-55 STANDARD CERTIFICATE OF DEATH

State File No. 18655

BIRTH NO. FILED JUN 22 1955		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2455			
1. PLACE OF DEATH a. COUNTY Jackson				USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence					
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 30 hr.		c. CITY OR TOWN Mt. Vernon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hospital				STREET ADDRESS (If rural, give location) 102 Sloan Ave. 0.550					
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) David c. (Last) Gardner			4. DATE OF DEATH (Month) (Day) (Year) 6-8-55						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) No		8. DATE OF BIRTH 6/3/55			
9. AGE (In years last birthday) 5		IF UNDER 1 YEAR Months 5		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles Gardner			13b. MOTHER'S MAIDEN NAME Goldie Irene Robbins			14. NAME OF HUSBAND OR WIFE None			
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 Charles Gardner Mt. Vernon, Mo - 102 Sloan Ave			ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) Urethral atresia Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Repaired tracheo-esophageal fistula Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 days Congenital 7573 Congenital		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 6-6-1955, to 6-8-1955, that I last saw the deceased alive on 6-8-1955, and that death occurred at 1 ³⁰ p.m., from the causes and on the date stated above.									
23a. SIGNATURE Wayne Hart (Degree or title)				23b. ADDRESS 1710 Indep. Ave.		23c. DATE SIGNED 6-8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-8-55		24c. NAME OF CEMETERY OR CREMATORY City Cem.		24d. LOCATION (City, town, or county) (State) Mt. Vernon, Mo.			
DATE REC'D BY LOCAL REG. 6-8-55		REGISTRAR'S SIGNATURE Vera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.D. Grout - Mt. Vernon, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. D. Fasseth.....

Licensed Embalmer No. 20

P. O. Address Mt. Vernon

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

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