

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21274**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **794**

1. PLACE OF DEATH a. COUNTY Buchanan 3		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan 0110	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Washington Twp		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0
c. LENGTH OF STAY (in this place) 5 yrs.		e. STREET ADDRESS (If rural, give location) Belt Drive-in Theatre	
d. FULL NAME OF HOSPITAL OR INSTITUTION Belt Drive-in Theatre			

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Moore c. (Last) Gardiner			4. DATE OF DEATH (Month) (Day) (Year) August 1, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1892	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Belt Drive-in Theatre & Kiddy Land		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dallas, Texas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clifford Ashton Gardiner	13b. MOTHER'S MAIDEN NAME Elizabeth Moore	14. NAME OF HUSBAND OR WIFE Eva Gardiner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494-16-3545	17. INFORMANT'S SIGNATURE OR NAME St. Joseph, Mo. Birth Certificate and Clare Woods

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, asthemia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) man was overcome with smoke and heat in a building fire, and was dead on arrival at the hospital		
	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		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Belt Drive-in	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural St. Joseph Buchanan, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 1 - 1955 6:45 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Building fire and smoke
22. I hereby certify that I attended the deceased from August 1, 1955 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at About 6:45 P.M. , from the causes and on the date stated above.		

23a. SIGNATURE H F Mundy (Coroner) x D	(Degree or title) 3	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 8/2/55
24. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Aug 5, 1955	24c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons Crematory	24d. LOCATION (City, town, or county) (State) Kansas City Missouri.
DATE REC'D BY LOCAL REG. Aug 4, 1955	REGISTRAR'S SIGNATURE Ethel M. Allison	4485-0	25 FUNERAL DIRECTOR'S SIGNATURE Muecherhoffer - Fleeman ADDRESS St. Joseph, Mo.

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

SEP 15 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by **** ***, ****, Student Embalmer No. ****
working under my personal supervision..

Student **** ***,
Signature of Student Embalmer

Signed *Albert P. Harrington*
Licensed Embalmer No. 3258

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.