No. 300
10-48

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25024

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 6152 Registrar's No. 62

1020
3

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Liberty)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Highway #60

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter 1021 D
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 19, 1917
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 4, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business manager
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (City and State or Foreign Country): Gideon, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: James A. Kite
13b. MOTHER'S MAIDEN NAME: Lola Mae Jones
14. NAME OF HUSBAND OR WIFE: Elmer Gardner

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.:
17. INFORMANT'S SIGNATURE OR NAME: Charley King, ADDRESS: Gideon, Missouri

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) Broken neck, internal head injuries, numerous severe lacerations on legs. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

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.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Highway #60
21c. (CITY, TOWN, OR TOWNSHIP): Liberty Twp. (COUNTY) 102 (STATE) Stoddard, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 10, 1955, 12:30 P. M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile collision

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* 12:30 *m. from the causes and on the date stated above.*

23a. SIGNATURE: Guy W. Blaney (Degree or title): Coroner
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 7-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-13-55
24c. NAME OF CEMETERY OR CREMATORY: Stanfield
24d. LOCATION (City, town, or county) (State): Near Clarkton, Mo.

DATE REC'D BY LOCAL REG.: 7-18-55
REGISTRAR'S SIGNATURE: Velma V. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Russell Funeral Home, Gideon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1958

AUG 23 1955

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 Lucille Ramsey Student Embalmer No. 508 working under my personal supervision.

Student Lucille Ramsey
Student Embalmer

Signed J. P. [illegible]

Licensed Embalmer No. 3479

P. O. Address [illegible]

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.