

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34070**BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4322** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) Princeton		c. CITY OR TOWN Princeton	
c. LENGTH OF STAY (in this place) Life		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 (If not in hospital or institution, give street address or location) Axtell Hospital			
e. STREET ADDRESS (If rural, give location) 0650			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) M c. (Last) Girdner			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1871	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 4	IF UNDER 24 HRS. Hours 10	IF UNDER 24 HRS. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME King Girdner		13b. MOTHER'S MAIDEN NAME Mary Ann Underwood		14. NAME OF HUSBAND/OR WIFE Rhoda Girdner			
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. no		17. INFORMANT'S SIGNATURE OR NAME Ray Girdner Princeton, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis with		INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 4 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) failing heart		
	DUE TO (c) angina pectoris		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4202			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **10-15**, 19 **55** to **10-18**, 19 **55** that I last saw the deceased alive on **10-18**, 19 **55**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Byron Axtell (Degree or title) D.O.		23b. ADDRESS Princeton Missouri		23c. DATE SIGNED 10-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-21-55		24c. NAME OF CEMETERY OR CREMATORY Princeton Ceme.	
24d. LOCATION (City, town, or county) (State) Princeton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Martin Funeral Home Princeton, Mo.			
DATE REC'D BY LOCAL REG. 10-24-55		REGISTRAR'S SIGNATURE Hoel			

(Licensed Embalmer's Statement on Reverse Side)

Loren Martin

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

No. 300
0.4850
0

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..

Student.....
Signature of Student Embalmer

Signed.....
Ivan Martin

Licensed Embalmer No. *3169*

P. O. Address *Princeton*

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