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FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5657

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton, Mo</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Mill Grove, Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lambert Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>0650</u>	

3. NAME OF DECEASED (Type or Print) <u>Robert Richard Girdner</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>3-4-56</u>	(Month) (Day) (Year)
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-26-1884</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Andrew J. Girdner</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Pixler</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NUMBER <u>489-18-8510</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas E. Girdner</u> ADDRESS <u>Mill Grove, MO</u>
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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) <u>Acute pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Acute myocardial insufficiency</u>		<u>2 days</u>
	DUE TO (c) <u>Congestive heart failure</u>		<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma, chronic</u>			<u>2 years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1954, to March 4, 1956, that I last saw the deceased alive on March 4, 1956, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank H Zahert MD</u> (Degree or title)	23b. ADDRESS <u>Princeton, Missouri</u>	23c. DATE SIGNED <u>3/5/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>	24d. LOCATION (City, town, or county) (State) <u>Princeton, Mo</u>
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DATE RECD BY LOCAL REG <u>3-6-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u> ADDRESS <u>Princeton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Free Nurse.....

Licensed Embalmer No. 26.....

P. O. Address Quincy.....

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.