

Health, Welfare, Public Service, 300-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1835

STATE FILE NUMBER

FILED JAN 14 1957

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Aurora</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Aurora</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Aurora Hospital</b>			Length of stay in lb <b>5 days</b>		d. STREET ADDRESS (If outside, give location) <b>W. Hadley</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>MARGARET</b> Last <b>GARDNER</b>				4. DATE OF DEATH Month <b>Jan</b> Day <b>3</b> Year <b>1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 29, 1868</b>		9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Chesapeake, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13. FATHER'S NAME <b>Thomas P. Robertson</b>				14. MOTHER'S MAIDEN NAME <b>Sophia Jane Montgomery</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Hazel M. Gardner Aurora, Mo</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio Scler. Accid</b> DUE TO (b) <b>Arterio Sclerotic C.V. Disease Indef.</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Aurora</b>		COUNTY	STATE
21. I attended the deceased from <b>Dec 29/57</b> to <b>Jan 3/57</b> and last saw her alive on <b>Jan 3/57</b> Death occurred at <b>11:40</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Amelley M. P.</b>				22b. ADDRESS <b>3150 National Aurora Mo</b>		22c. DATE SIGNED <b>Jan 5/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/6/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Aurora, Missouri</b>		
24. FUNERAL DIRECTOR <b>Arnold's Funeral Home</b>			ADDRESS <b>Aurora, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1/5/57</b>	26. REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB  
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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 ex-  
posed by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed..... *Irwin P. Arnold*

Licensed Embalmer No. *49*

P. O. Address *Aurora, Ill.*

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.