FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8407

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Inside Limits Yes # No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullers Hospital — Length of stay in 1b 10-weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mercer
c. CITY OR TOWN Princeton 0650 — Inside Limits Yes # No ☐
d. STREET ADDRESS College Ave. (If outside, give location) — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First: Loto Middle: Mac Last: Girdner

4. DATE OF DEATH Month 3 Day 6 Year 57

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED # WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 10-27-1885

9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months 4 Days 6 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Mercer County 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Mac Girdner

14. MOTHER'S MAIDEN NAME Caroline M. Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. None

17. INFORMANT Louie Girdner-Mercer Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of the Liver — INTERVAL BETWEEN ONSET AND DEATH One yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) 5810

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 24 1956, to March 6-1957 and last saw her/him alive on March 5-1957
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C H Cullers (Degree or title) M. D. 0

22b. ADDRESS Trenton, Mo.

22c. DATE SIGNED 3-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-8-57

23c. NAME OF CEMETERY OR CREMATORY Girdner Cemetery

23d. LOCATION (City, town, or county) (State) Mercer-Mo.

24. FUNERAL DIRECTOR Martin Funeral Home by Grace M. Martin — ADDRESS Princeton-Mo.

25. DATE RECD. BY LOCAL REG. 3-8-57

26. REGISTRAR'S SIGNATURE Irene Fair

115 0

C H Cullers

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ames L. Grunb

Licensed Embalmer No 39

P. O. Address Lincoln

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.