

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11969**

FILED APR 23 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>5023</u>		Registrar's No. <u>33</u>			
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Fremont</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamburg</u>		8140 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>1001 Willow St</u>					
3. NAME OF DECEASED (Type or Print) <u>LOYD</u>			a. (First) <u>MARTIN</u>			c. (Last) <u>GARDNER</u>			
4. DATE OF DEATH <u>April 13-1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 14-1933</u>	
9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General labor</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Gardner</u>			13b. MOTHER'S MAIDEN NAME <u>Georgia Rumery</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>1951 to 1956</u>			16. SOCIAL SECURITY NO. <u>505-36-0607</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Georgia R. Gardner, Hamburg</u>				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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BROKEN NECK & SKULL CRUSHED</u>				INTERVAL BETWEEN ONSET AND DEATH	
				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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 276 North Rock Det</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>003</u> (COUNTY) <u>CLAY</u> (STATE) <u>ATCHISON MO.</u>					
21d. TIME OF INJURY <u>4 13 57 2 Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DRUNKEN CAR ACCIDENT (LOST CONTROL) DRIVING</u>					
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 _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>D. D. Gallup</u> (Degree or title) <u>Corn</u>				23b. ADDRESS <u>Rock Post, Mo.</u>			23c. DATE SIGNED <u>4-13-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 13-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hamburg Iowa</u>			
DATE REC'D BY LOCAL REG. <u>April 16, 1957</u>		REGISTRAR'S SIGNATURE <u>Harvin N. Schoeler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARTHOLOMEW MORTUARY</u>		ADDRESS <u>Rock Post, Mo.</u>			

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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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Geat Barchalou*

Licensed Embalmer No. *3173*

P. O. Address *Rock Bottom*

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.