

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19872

State File No.

FILED MAY 24 1957

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY WARREN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY FRANKLIN ✓	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARRENTON		c. CITY OR TOWN UNION	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 Mo		e. STREET ADDRESS (If rural, give location) 036 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION KATIE JANE MEMORIAL			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) COLEMAN	c. (Last) GARDNER	4. DATE OF DEATH (Month) (Day) (Year) MAY 21, 1957
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 17, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Month 1 Day 4	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) VILLA RIDGE, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN W. GARDNER	13b. MOTHER'S MAIDEN NAME VIRGINIA THOMPSON	14. NAME OF HUSBAND OR WIFE GOLDEN TENNESSEE BELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or date of service) NO	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sue Diestelkamp	ADDRESS Union, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Doctor's stated Hemorrhage - brain		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart Failure		
	DUE TO (c) Generalized Arteriosclerosis with Arteriosclerosis Hypertension		
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 578X	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) (Min.)	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 June 6, 1957, to May 21, 1957, that I last saw the deceased alive on May 17, 1957 and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS [Address]	23c. DATE SIGNED 5-23-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 24, 1957	24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEM.	24d. LOCATION (City, town, or county) (State) VILLA RIDGE, MO.
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DATE REC'D BY LOCAL REG. 5-23-57	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE Ralph Ottman	ADDRESS UNION, MO.
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(Licensed Embalmer's Statement of 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, Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed *Ralph Altman*.....

Licensed Embalmer No. *4808*.....

P. O. Address *Union, Ill.*.....

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.