

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28634

STATE FILE NUMBER

FILED SEP 10 1957

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 87

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) OR TOWN <b>Mt. Vernon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Mt. Vernon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State San.</b>		Length of stay in 1b <b>10 days</b>	d. STREET ADDRESS <b>180 Sloan</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>Monroe</b> Last <b>Gardner</b>			4. DATE OF DEATH Month <b>8</b> Day <b>31</b> Year <b>57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4 - 28 - 1905</b>	9. AGE (In years last birthday) <b>52</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>Plasterer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plastering</b>	11. BIRTHPLACE (City and state or country) <b>Mt. Vernon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Harvey Edward Gardner</b>			14. MOTHER'S MAIDEN NAME <b>Jane Smith</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>500-09-3931</b>	17. INFORMANT Address <b>Mrs. Leona Gardner Mt. Vernon, 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>Pulmonary embolism, massive</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
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) <b>Obesity</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" 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: _____ Month, Day, Year: _____ 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		COUNTY STATE
21. I attended the deceased from <b>8 - 21 - 57</b> to <b>8 - 31 - 57</b> and last saw <del>her</del> <b>him</b> alive on <b>8-31-57</b> Death occurred at <b>10:45 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>J. Lewis Yarb M.D.</b>		22b. ADDRESS <b>Mt. Vernon, Mo.</b>		22c. DATE SIGNED <b>9-4-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>	<b>9 - 2 - 57</b>	<b>Mt. Vernon Cemetery</b>		<b>Mt. Vernon, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>H. D. Fossett Mt. Vernon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-4-57</b>		26. REGISTRAR'S SIGNATURE <b>Cecil Handricka</b>	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *me*.....; Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W O Lancel*.....

Licensed Embalmer No *22*

P. O. Address *not USA*

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.