

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004481
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sedalia, Mo. 68040 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY INSTITUTION Missouri medical center Length of stay in lb (6 days)		d. STREET ADDRESS (If outside, give location) 209 E. Seventh St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Fannie Chehaskia Gardner			4. DATE OF DEATH Month Day Year Feb 18, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1876
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Benton County, Mo.
12. CITIZEN OF WHAT COUNTRY? United States		13a. FATHER'S NAME Steve Chehaski	13b. MOTHER'S MAIDEN NAME Nancy Harriman
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. —
17. INFORMANT hospital chart		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure (Pulmonary edema) DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 420CF Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 30 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture, neck of left femur; post-operative atelectasis of Rt. lung.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Pt. fell out of wheelchair while at Christmas dinner at son's home.		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year DEC 25, '58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Son's home.		
20e. CITY, TOWN, OR LOCATION Lincoln		20f. COUNTY STATE Benton Missouri	
21. I attended the deceased from Death occurred at 9:18 6 Feb 59 to 18 Feb 59 and last seen alive on 18 Feb 59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John L. Palmer, M.D. (Degree or title)		22b. ADDRESS Un. of Missouri Medical Center	
22c. DATE SIGNED 18 Feb 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 21 Feb 1959	23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	23d. LOCATION (City, town, or county) (State) LINCOLN, MO
24. FUNERAL DIRECTOR Fred Davis & son	ADDRESS Lincoln Mo.	25. DATE RECD. BY LOCAL REG. Feb. 19 1959	26. REGISTRAR'S SIGNATURE Mrs. P. E. Palmer

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

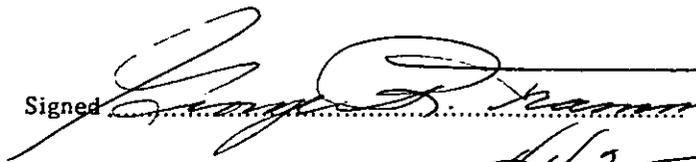
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STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No.

P. O. Address 

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.