

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024485

FILED VS JUL 31 1959

Registration District No. 72 Primary Registration District No. 3012 STATE FILE NUMBER _____ Registrar's No. 72

800
-57

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 412 1/2 South St.		Length of stay in lb. 6 Months	d. STREET ADDRESS (If outside, give location) 412 1/2 South St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clifford Middle J. Last Gardner			4. DATE OF DEATH Month July Day 18 Year 1959			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 5, 1927		9. AGE (In years last birthday) 31 IF UNDER 1 YEAR Months 7 Days 13 IF UNDER 24 HRS Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter, Hotel		10b. KIND OF BUSINESS OR INDUSTRY XXXX	11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Unkown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II		16. SOCIAL SECURITY NO. 258-26-9024		17. INFORMANT Address Joe Foster, 2723 Norton, Kansas City, MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) coronary heart disease					sev. mos.	
DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____						
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 7/18/59 to 7/18/59 and last saw him deceased on 7/18/59 Death occurred at 6:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) M. D.		22b. ADDRESS Excelsior Springs, Mo.		22c. DATE SIGNED 7/27/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 19, 1959		23c. NAME OF CEMETERY or crematory National Cemetery		
				23d. LOCATION (City, town, or county) (State) Fort Leavenworth, Kansas		
24. FUNERAL DIRECTOR ADDRESS Virgil Hope, Excelsior Springs, Mo			25. DATE RECD. BY LOCAL REG. 7-27-59		26. REGISTRAR'S SIGNATURE Caroline Hetchings	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Chas. Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address *Excelsior Springs*

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.