

RID DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028089

FILED VS SEP 15 1959

Registration-District No. 27 Primary Registration District No. 3005 Registrar's No. 114

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>BATES</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>BATES</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BUTLER</u>		Length of stay in 1b <u>13 YRS</u>	c. CITY OR TOWN <u>BUTLER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BUTLER MEMORIAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>310 N-WATER</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH LEE GARDER</u>			4. DATE OF DEATH Month Day Year <u>SEPT - 3 - 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-8-1874</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>BATES Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JOSEPH J. GARDER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SCHATTER</u>		14. NAME OF HUSBAND OR WIFE <u>LYDIA GARDER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. J. L. Garder - Butler Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Generalized Arteriosclerosis</u>			<u>20 years</u>	
		DUE TO (c) <u>Arterial Hypertension</u>			<u>10 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 <u>Aug 21</u> to <u>Sept. 3, 1959</u> and last saw <u>him</u> alive on <u>Sept 2, 1959</u> Death occurred at <u>8:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	21a. SIGNATURE (Degree or title) <u>Carter W. Hunter M.D.</u>		21b. ADDRESS <u>Butler, Mo</u>		21c. DATE SIGNED <u>9/4/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-6-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DAKINHL</u>		23d. LOCATION (City, town, or county) (State) <u>BUTLER MO</u>		
24. FUNERAL DIRECTOR <u>Culver Underwood - Butler Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 6 - 1959</u>		26. REGISTRAR'S SIGNATURE <u>Kendall Krumpholtz</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert Stembel

Licensed Embalmer No. 4651

P. O. Address Patton, Mo

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.