

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002693

FILED VS JAN 11 1960 264

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nottinghamhill Twsp		c. CITY OR TOWN 83 years	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Nottinghamhill Twsp	
3. NAME OF DECEASED (Type or print) First Dora Middle D. Last Gardner		4. DATE OF DEATH Month 1 Day 4 Year 1960	
5. SEX Fe.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-1875
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11. BIRTHPLACE (City and state or country) Kyle Ford, Tenn.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James A. Kyle		13b. MOTHER'S MAIDEN NAME Sarah Delp	
14. NAME OF HUSBAND OR WIFE Thomas P. Gardner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Address Glen Gardner, Ozark Co. Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular Accident			INTERVAL BETWEEN ONSET AND DEATH 4 hr-
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) Previous cerebro-vascular accidents. Senility.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ 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 9/22/58 to 1/4/60 and last saw him alive on 10/18/59 Death occurred at 4:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arthur L. Beard, M.D.		22b. ADDRESS Gainesville, Mo.	22c. DATE SIGNED 1/5/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-7-1960	23c. NAME OF CEMETERY OR CREMATORY Gaulding	23d. LOCATION (City, town, or county) (State) Ozark Co. Missouri
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard, Gainesville, Mo		25. DATE RECD. BY LOCAL REG. 1-9-60	26. REGISTRAR'S SIGNATURE Thane Mahan

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 *Frank Ware*

Licensed Embalmer No. 4885

P. O. Address Gainesville

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.