

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 31 1960

=60-018173

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 153

ENDED

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b	c. CITY OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 215 N. High		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Orville L. Gardner			4. DATE OF DEATH Month Day Year 5/21/1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/11/94	9. AGE (last birthday) 65	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) cab-driver		10b. KIND OF BUSINESS OR INDUSTRY Taxi	11. BIRTHPLACE (City and state or country) Schuyler Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles K. Gardner		13b. MOTHER'S MAIDEN NAME Rachael M Logsdon		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N.W. I		16. SOCIAL SECURITY NO. 491-14-0722	17. INFORMANT Address Mrs. Genevive Bengé-Kirksville		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis acute					INTERVAL BETWEEN ONSET AND DEATH 1 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)				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 10-17-49 to May 21-60 and last saw him alive on May 16-60 Death occurred at 9:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. Stuchler MD			22b. ADDRESS Kirksville Mo		22c. DATE SIGNED 5-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/25/60	23c. NAME OF CEMETERY OR CREMATORY Fugate Cemetery		23d. LOCATION (City, town, or county) (State) W. of Greentop, Mo.	
24. FUNERAL DIRECTOR ADDRESS Davis & Davis -Kirksville, Mo.			25. DATE RECD. BY LOCAL REG. 5-25-1960	26. REGISTRAR'S SIGNATURE Dois W. Ratliff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

P. O. STICKLER, M.D.

STATEMENT BY LICENSED EMBALMER

0981

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 B. Davis

Licensed Embalmer No. 4219
P. O. Address Kirkville,

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.