

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034824

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. 6153 Registrar's No. 31

FILED SEP 3 1963

VS 300	DATE AMENDED	
Rev. 4/59		
1030		
21030		
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4 0		
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12 90-0		
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pike Tun.</u>		Length of stay in 1b <u> yrs.</u>	c. CITY OR TOWN <u>Advance,</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at family home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route # 2,</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Louis</u> Last <u>Gardiner</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>14,</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Jan. 18-93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer & Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (last birthday) <u>70</u>
11a. FATHER'S NAME <u>John A. Gardiner</u>		11b. MOTHER'S MAIDEN NAME <u>Viola Goad</u>	11. BIRTHPLACE (City and state or country) <u>Swinton, Missouri</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. SOCIAL SECURITY NO. <u>No.</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Gardiner</u>	
15. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombo-embolic disease</u>		16. INFORMANT <u>Mrs. Jessie Gardiner, Advance, Mo. Rt. # 2.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. ADDRESS <u>Advance, Mo. Rt. # 2.</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 _____ s.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>BLOOMFIELD, STODDARD, Mo.</u>		
21. I attended the deceased from <u>never</u> to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph Rehn, M.D.</u> (Degree or title)		22b. ADDRESS <u>Bloomfield, Mo.</u>	
22c. DATE SIGNED <u>8-19-63</u>		22d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 17-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Missouri</u>
24. FUNERAL DIRECTOR <u>Chiles Und. Co., Bloomfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-19-63</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Moore</u>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 6 1963

SEP 4 - 1963

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,

by Lulu Cooper Student Embalmer No. 3499

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ivan C Cooper

Licensed Embalmer No. 4779

P. O. Address Bloomfield, 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.