

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036146

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5002

FILED OCT 7 1963

VS 300
Rev. 4/59

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20250

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DATE AMENDED

9-26-63

9-26-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Antonia B. Putman

- Gardner

DOCUMENT

BY AFFIDAVIT OF Funeral Director

Edw. H. Fischer

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

13a unknown Gardner

13b Antonia B. Putman

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CHARITON	
b. CITY (If outside corporate limits, give TOWNSHIP, only) Kansas City		Length of stay in 1b 19 DAYS	c. CITY OR TOWN BRUNSWICK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 115 E BROADWAY
3. NAME OF DECEASED (Type or print) First ALVIN Middle V Last GARDNER		4. DATE OF DEATH Month Sept. Day 11, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 6, 1904
9. AGE (last birthday) 69	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST		11. BIRTHPLACE (City and state or country) IOWA
12. CITIZEN OF WHAT COUNTRY USA		13. MOTHER'S MAIDEN NAME Putman	
13a. FATHER'S NAME ANTONIA B. Putman		14. NAME OF HUSBAND OR WIFE JENNIE M. 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. 2348	
17. INFORMANT JENNIE GARDNER MD		Address BRUNSWICK	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive arteriosclerosis DUE TO (b) Heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Nephrosclerosis & Uremia			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 _____ 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 October 1962 to Sept 11, 1963 and last saw him alive on Sept 10, 1963		Death occurred at 1:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Edw. H. Fischer M.D.		22b. ADDRESS 306 E 21st NKC 16 MO	22c. DATE SIGNED 9-11-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-11-63	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) Brunswick, Missouri
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 9.12.63	26. REGISTRAR'S SIGNATURE Bessie Smith

USE BLACK INK OR TYPEWRITER RIBBON

8918189
1963

NOV 1 1963

OCT 23 1963

NOV-05-63

10/2

PROBATION OFFICER
JAMES B. WILSON

1-1-63

10-10

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 J. S. Walters

Licensed Embalmer No. 27214

P. O. Address KC 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.

MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY
ST. LOUIS, MISSOURI