

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 32951

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5445 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY OR TOWN <u>Rural - Wheaton</u>		c. CITY OR TOWN <u>Rural - Wheaton</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Purdy Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>Moude</u> b. (Middle) <u>Pernettie</u> c. (Last) <u>Gardner</u>	
4. DATE OF DEATH <u>Oct - 9 - 1954</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct - 23 - 1895</u>		9. AGE (In years last birthday) <u>68</u> (Months) <u>11</u> (Days) <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John A. Highberger</u>		13b. MOTHER'S MAIDEN NAME <u>Mary K. Glenn</u>	
14. NAME OF HUSBAND OR WIFE <u>James M. Gardner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James M. Gardner - Purdy Mo. R.T.D.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wheaton Barry Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>9/5/1954</u> , to <u>10/6/1954</u> , that I last saw the deceased alive on <u>10/6/1954</u> , and that death occurred at <u>7:55 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Randal G. Ochs, M.D.</u>		23b. ADDRESS <u>Wheaton Mo.</u>	
23c. DATE SIGNED <u>10/11/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 11 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Muncy Chappell</u>	
24d. LOCATION (City, town, or county) (State) <u>Barry Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>10-13-1954</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>	
25. ADDRESS <u>Wheaton Mo.</u>			

0050 1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1054-114

DATE REC. 10-16-54

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
Student Embalmer

Signed Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville 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 this body is not embalmed, fact should be so stated above.