

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0009466

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 38

VS 300  
Rev. 4/59

1 0055  
2 0050

3

4 0

5 2

6

7 1

8 2

9 200

10

11

12 86-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 (If outside corporate limits, give TOWNSHIP only) <u>Monett</u>		Length of stay in lb <u>2yrs. 8mths</u>	c. CITY OR TOWN <u>Purdy</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Scroggins Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>James M. Gardner</u>			4. DATE OF DEATH Month Day Year <u>March, 24, 65</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-12-78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>86</u>
13a. FATHER'S NAME <u>Logan W. Gardner</u>		11. BIRTHPLACE (City and state or country) <u>Uptons Kentucky U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Belle Dixon</u>	
17. INFORMANT <u>Alice Vanslyke, Purdy Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Gardner</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease. And CVA with Righthemiplegia.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Benign prostatic hypertrophy</u>			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.	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 <u>7-16-1962</u> to <u>3-24-1965</u> and last saw him alive on <u>3-22-1965</u> Death occurred at <u>12:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert M. Jolley M.D.</u>		22b. ADDRESS <u>Monett, Missouri</u>	
22c. DATE SIGNED <u>3-25-65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3-27-1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Muncy Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Barry County Missouri</u>
24. FUNERAL DIRECTOR <u>McQueen Funeral Home, Wheaton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-25-65</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. P.M. Cook</u>

MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH SERVICES

5200  
0200  
10  
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 Paul W. Herbert

Licensed Embalmer No. 4576

P. O. Address Coassville 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.