

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4102

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 6099 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Schuylar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuylar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>East Prairie Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Lancaster</u> 0980 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>Home</u> Length of stay in lb <u>hrs</u>		d. STREET ADDRESS (If outside, give location) <u>East Prairie</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>Minnie</u> Middle <u>Agnes</u> Last <u>Gardine</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>19</u> Year <u>1958</u>
5. SEX <u>Female</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>March 13, 1877</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
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 country) <u>Schuylar</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frederick Figger</u>	
13b. MOTHER'S MAIDEN NAME <u>Matilda Jacoby</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Gardine</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>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Chas. Gardine</u>		Address <u>Lancaster</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>Acute coronary occlusion</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Central arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Central arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>year</u>
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 <u>11-25-57</u> to <u>1-19-58</u> and last saw her ^{her} _{him} alive on <u>1-18-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. R. Stoker D.O.</u>		22b. ADDRESS <u>Lancaster, Mo</u>	
22c. DATE SIGNED <u>1-23-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Jan 21 1958</u>	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Germania Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Schuylar Co. Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Norman Funeral Home Lancaster Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Jan 24-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R. J. Drake</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 7 1958

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 *Row E Foster*

Licensed Embalmer No. *4742*
P. O. Address *Fuksville, m*

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.