

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21177

BIRTH NO. _____		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 5950		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY PIKE			
b. CITY OR TOWN RURAL NEW HARTFORD		c. LENGTH OF STAY (in this place) 5 YEARS		c. CITY OR TOWN RURAL NEW HARTFORD 0830			
d. FULL NAME OF HOSPITAL OR INSTITUTION H.M.I.S. ASHLEY MO				d. STREET ADDRESS (If rural, give location) 4 MI. S. ASHLEY MO			
3. NAME OF DECEASED (Type or Print) a. (First) EARL		b. (Middle) —		c. (Last) GADDIE		4. DATE OF DEATH (Month) (Day) (Year) MAY 22 50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 27-1900		9. AGE (In years last birthday) 49	10. IF UNDER 1 YEAR Months 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) MANARD COUNTY ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME JOHN THOMAS GADDIE		13b. MOTHER'S MAIDEN NAME LUCENDIA COX		14. NAME OF HUSBAND OR WIFE VIVIAN GADDIE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-24-8406		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS EARL GADDIE ASHLEY MO			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY-LEADING TO DEATH* (a) Gunshot wound in chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Coronary artery)				INTERVAL BETWEEN ONSET AND DEATH E981X	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION —				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NEW HARTFORD Township PIKE MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 22 50 4 P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? inflicted by Vivian Gaddie			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>deceased on May 22, 1950</u> , and that death occurred at <u>4 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE J. C. Mudd 3 (Degree or title) Governor				23b. ADDRESS Bowling Green Mo		23c. DATE SIGNED May 23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 24-50		24c. NAME OF CEMETERY OR CREMATORY WEST PRAIRIE		24d. LOCATION (City, town, or county) (State) MIDDLETOWN MO	
DATE REC'D BY LOCAL REG. 6-5-50		REGISTRAR'S SIGNATURE Bill Robinson 254		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Mudd Funeral Home Bowling Green, Mo			

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

JUL 18 1950

RECEIVED

JUN 26 1950

District Health Officer No. 10

District File Number 6-50-10

Date Filed JUN 26 1950

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 James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.