

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37030  
4574

3008

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Kansas City  
c. LENGTH OF STAY (In this place) 2 hours  
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence  
d. STREET ADDRESS (If rural, give location) 35th & Noland

3. NAME OF DECEASED (Type or Print)  
a. (First) Evon b. (Middle) Gaddy c. (Last) Gaddy  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1950

5. SEX female / 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married / 8. DATE OF BIRTH July 18, 1927 9. AGE (In years last birthday) 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress 10b. KIND OF BUSINESS OR INDUSTRY Restaurant 11. BIRTHPLACE (State or foreign country) Kansas City, Kansas. / 12. COUNTRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME Floyd Bowles 13b. MOTHER'S MAIDEN NAME Edith Steward 14. NAME OF HUSBAND OR WIFE Wilmer Gaddy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none 16. SOCIAL SECURITY NO. 495-20-9821 17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Ryan, ADDRESS Independence, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Shock & Hemorrhage resulting from Bullet wound abdomen  
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.  
INTERVAL BETWEEN ONSET AND DEATH 29 10 / 19

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) > 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-29-50 8:40 AM 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Gunshot wound 48

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:10 AM, from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Keahofer (Degree or title) 23b. ADDRESS 4050 Broadway St. Mo 23c. DATE SIGNED 10-30-50

24a. BURIAL CREMATION (Specify) REMOVAL (Specify) 24b. DATE Nov. 4, 1950 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem 24d. LOCATION (City, town, or county) (State) Independence, Mo.

DATE REC'D BY LOCAL REG. 10-31-50 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Gerson Independence, Mo.

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

**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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.