

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39672**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mtn Grove</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mtn. Grove</b>	
c. LENGTH OF STAY (In this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>404 E. First St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Gaddis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 20, 1950</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>9/4/1866</b>		9. AGE (In years, last birthday) <b>84</b>		10. UNDER 1 YEAR (Months) (Days) <b>1 16</b>	
10a. USUAL OCCUPATION (Give kind of work producing most of income, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (State or foreign country) <b>Wright Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Steve Gaddis</b>		13b. MOTHER'S MAIDEN NAME <b>Talitha Wesley</b>		14. NAME OF HUSBAND OR WIFE <b>Mary L. Lathrop</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Fredrick Richmond, Mtn Grove</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>" "</b>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **9-20, 1950** to **10-20, 1950** that I last saw the deceased alive on **10-9-50**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. A. Craig D.O.</b>		23b. ADDRESS <b>Mt. Pleasant Grove No. 2</b>		23c. DATE SIGNED <b>11-6-50</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 24, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friendship</b>	
24d. LOCATION (City, town, or county) (State) <b>Mtn. Grove, Mo.</b>		24e. FEDERAL DIRECTOR'S SIGNATURE <b>Russell Barber</b>		24f. ADDRESS <b>Mtn. Grove</b>	
DATE REC'D BY LOCAL REG. <b>11-22-50</b>		REGISTRAR'S SIGNATURE <b>A. C. Ames</b>		348	

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

County File Number 1950-130  
Date Filed Dec. 21 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 Russel Barber

Licensed Embalmer No. 3848

P. O. Address Wtn. Grove, Pa.

**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.