

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2292**

No. 300  
10-48

FILED JAN 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>	c. LENGTH OF STAY (In this place) <b>7 hrs</b>	c. CITY OR TOWN <b>Rolla</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps County Memorial Hosp.</b>		STREET ADDRESS (If rural, give location) <b>912 West 10th. st.,</b>	

3. NAME OF DECEASED (Type or Print) <b>LILLIE</b>	a. (First)	b. (Middle) <b>GADDY</b>	c. (Last) <b>RICHARDS</b>	4. DATE OF DEATH <b>Jan. 4, 1957</b>	(Month) (Day) (Year)
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 9, 1881</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rolla, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Martin F. Gaddy</b>	13b. MOTHER'S MAIDEN NAME <b>Emily Ann Carter</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Faulkner</b>
		ADDRESS <b>Rolla, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic coma</b>		
	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. <b>arteriosclerosis</b> <b>arthritis</b> <b>diabetes mellitus</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>260x</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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) m.	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 **past 3 or 4 years**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **1-4-**19**57**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Fink, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Rolla mo</b>	23c. DATE SIGNED <b>1-7-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-7-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>Jan 7, 1957</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl J. Glenn</b>	ADDRESS <b>1100 Elm, Rolla, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 618

Date Filed JAN 14 1957

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 ..... Me., Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Carl J. Glenn*  
Carl J. Glenn

Licensed Embalmer No. 4707.....

P. O. Address Rolla, 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.