

Health,
Welfare
& Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015083
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 241 Primary Registration District No. 1359 Registrar's No. 10

300
1-57
200

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) POINT PLEASANT		c. CITY OR TOWN POINT PLEASANT <u>0728</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First NEIL Middle GADDIS Last GADDIS		4. DATE OF DEATH Month MARCH Day 26 Year 1958	
5. SEX male	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 2, 1912
9. AGE (In years last birthday) 45	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETAIL MERCHANT	11. BIRTHPLACE (City and state or country) POINT PLEASANT, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLES GADDIS		13b. MOTHER'S MAIDEN NAME DELLA FAULKERSON	
14. NAME OF HUSBAND OR WIFE RUBY ROSE GADDIS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 430-05-7122		17. INFORMANT MRS. RUBY GADDIS Address POINT PLEASANT, MO.	
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>Car turned over in ditch.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Fractured Skull & Exposure</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <u>Car turned over in ditch</u>	
20c. TIME OF INJURY Hour _____ 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.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>New Madrid, Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ed Hedges</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>New Madrid, Mo.</u>	
22c. DATE SIGNED <u>April 7-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE MARCH 28, 1958		23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY	
23d. LOCATION (City, town, or county) PORTAGEVILLE, MISSOURI		23e. (State)	
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.		25. DATE RECD. BY LOCAL REG. <u>4-8-58</u>	
26. REGISTRAR'S SIGNATURE <u>Ellen M. Lake Wilson</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DATE RECEIVED APR 15 1958
NEW MADRID CO. HEALTH CENTER
E. S.

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

Licensed Embalmer No. 4481.....

P. O. Address PORTAGEVILLE, 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.