

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

46-62-037462
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 46
FILED OCT 1 1962

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| 1. PLACE OF DEATH a. COUNTY Wright | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Grove | | c. CITY OR TOWN Mountain Grove | |
| Length of stay in 1b Life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 520 South Main Street | | d. STREET ADDRESS (If outside, give location) 520 South Main Street | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First DICA Middle ELLEN Last GADDIS | | 4. DATE OF DEATH Month September Day 15 Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/25/1878 |
| 9. AGE (last birthday) 83 Years | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Wright County, Mo | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME William Black | | 13b. MOTHER'S MAIDEN NAME Mary Foster | |
| 14. NAME OF HUSBAND OR WIFE Marshall D. Gaddis | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure | | | INTERVAL BETWEEN ONSET AND DEATH 4 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Thrombosis with Myocardial Infarction | | | 3 DAYS |
| DUE TO (c) Arteriosclerosis | | | undetermined |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | | |
| 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from Sept 15-1962 to Sept 15-1962 and last saw her alive on Sept 15-1962 Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Richard B. Mitchell DO | | 22b. ADDRESS Mountain Grove, Mo | 22c. DATE SIGNED 9-17-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/18/1962 | 23c. NAME OF CEMETERY OR CREMATORY Cold Water Cemetery | 23d. LOCATION (City, town, or county) (State) Texas County, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Barber Funeral Home - Mtn. Grove, Mo. | | 25. DATE RECD. BY LOCAL REG. 9-24-1962 | 26. REGISTRAR'S SIGNATURE Bernice S. Silverman |

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 *George Stapp*

Licensed Embalmer No. 3164

P. O. Address Mr. Stapp, 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.