

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1646

State File No. ....

Registration District No. 30

Primary Registration District No. 3003

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
405 5th. St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5  
(c) City or town Monett 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 405 5th. St. 1  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Monroe Gaddy

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 702-09-2910

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Otho Garner Gaddy 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. 30, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Enon Arkansas /  
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Conductor

11. Industry or business Frisco Ry. Co.

MOTHER FATHER

12. Name Wm. Henry Gaddy

13. Birthplace Tennessee /  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Carey

15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Gaddy

(b) Address 405 5th. St., Monett, Mo.

17. (a) Burial (b) Date thereof 1-31-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cemetery

18. (a) Signature of funeral director teallway  
(b) Address Monett, Mo.

19. (a) 1-31-41 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28  
year 1941 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from January 28, 1941 to January 28, 1941;  
that I last saw him alive on January 28, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 day

Due to Arteriosclerosis Not Known

Due to \_\_\_\_\_

Other conditions None HTA  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

31 \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. M. West (M. D. or other) 1  
Address Monett, Mo. Date signed 1-31-41

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

RECEIVED

District Health Officer No. 6,

District File Number 214 - 274

Date Filed FEB 11 1941

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.....

J. D. Buchanan  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed

J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Mount Pleasant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.