S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17725

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Waynesville General Hospital
(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 Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. 304 South Olive 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Sandra Marie Gaddy

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Fem. 1 5. Color or race Wh. 6. (a) Single, widowed, married, divorced S. 0

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased November 18 1944
(Month) (Day) (Year)

8. AGE: Years 1 Months 6 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Rolla, Phelps County Mo., 0
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Lloyd Gaddy
13. Birthplace Phelps Co., Mo., 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Goldie Helm
15. Birthplace Osage Co., Mo., 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lloyd Gaddy
(b) Address 304 So. Olive, Rolla Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Camp Creek Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th St., Rolla Mo.,

19. (a) 5/29/46 (Date received local registrar) (b) Louise B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1946 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from May 25, 1946, to May 26, 1946
that I last saw her alive on May 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Poisoned by Kerosene - Accidental

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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

179X-8
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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 85

(b) Date of occurrence May 25 1946.

(c) Where did injury occur? Near Dixon Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm.
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Wm R Lytle (M. D. or other)

Address Waynesville Mo. Date signed May 26 1946

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(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3394

P. O. Address.....

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.