

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14509

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY <i>Saline</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i> 97			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Marshall</i>		c. LENGTH OF STAY (in this place) <i>4 mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Marshall</i>		2: 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>731 N. Odell</i>				d. STREET ADDRESS (If rural, give location) <i>731 N. Odell</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>THOMAS</i> b. (Middle) <i>WALTER</i> c. (Last) <i>GADDY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 24 1949</i>				
5. SEX <i>male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>July 31, 1874</i>	
9. AGE (in years last birthday) <i>74</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Lemuel A. Gaddy</i>		13b. MOTHER'S MAIDEN NAME <i>Flora E. Jameson</i>		14. NAME OF HUSBAND OR WIFE <i>Ada Reprogle Gaddy</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Ernest N. Skull Marshall Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Mitral Regurgitation</i> ANTECEDENT CAUSES <i>Acute Rheumatic Fever</i> DUE TO (b) <i>1946</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>L</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1946</i> <i>4015</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>none</i>				20! AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) <i>4:15 P.M.</i>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec 10, 1948</i> to <i>4/24, 1949</i> that I last saw the deceased alive on <i>4/23, 1949</i> and that death occurred at <i>4:15 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>R. Jameson MD</i> (Degree or title)				23b. ADDRESS <i>Marshall Mo</i>		23c. DATE SIGNED <i>4/26/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Apr. 27-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mission Home</i>		24d. LOCATION (City, town, or county) (State) <i>Webster County Mo</i>	
DATE REC'D BY LOCAL REG. <i>Apr. 26-1949</i>		REGISTRAR'S SIGNATURE <i>Sidney F Gray</i> 385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Harry Horshberger Marshall Mo</i>			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-11-49

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
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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 this body is not embalmed, fact should be so stated above.