

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20514

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>74</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>76 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>				2 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>West 10<sup>th</sup></u>				0	
3. NAME OF DECEASED (Type or Print)			a. (First) <u>EMILY</u>		b. (Middle) <u>ANNA</u>		c. (Last) <u>GADDY</u>		
4. DATE OF DEATH			(Month) <u>May</u>		(Day) <u>28</u>		(Year) <u>1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>December 20, 1860</u>		9. AGE (In years of last birthday)	
						88		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Marion County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Lorenze Carter</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Brotherton</u>			14. NAME OF HUSBAND OR WIFE <u>M. F. Gaddy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma LaVine, Grant Apts. Rolla, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>			DUE TO (b) <u>Hypertension + similar</u>					<u>24 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>231X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla</u> <u>mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>5 years</u> , 19____, that I last saw the deceased alive on <u>5-28-49</u> and that death occurred at <u>6:50 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. E. Feind M.D.</u>				(Degree or title)		23b. ADDRESS <u>Rolla mo</u>		23c. DATE SIGNED <u>6-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-6-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Holloway</u>		ADDRESS <u>Rolla, Mo.</u>		

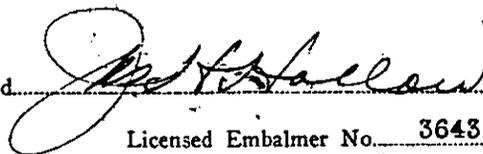
**STATEMENT BY LICENSED EMBALMER**

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.

Signed.....



Signed.....

Student Embalmer

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

**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.