

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5703

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 32 b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla 0817	
c. LENGTH OF STAY (in this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) 505 West 4th St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 505 West 4th St.			
3. NAME OF DECEASED a. (First) HARMAN		b. (Middle) CALVIN	
c. (Last) GADDY		4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 29, 1869
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Businessman	11. BIRTHPLACE (State or foreign country) Texas County, Mo. 0
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Furniture store	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Richard Gaddy		13b. MOTHER'S MAIDEN NAME Mary Ann ??	14. NAME OF HUSBAND OR WIFE Sarah
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'S SIGNATURE OR NAME ADDRESS James Gaddy Rolla, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis advanced INTERVAL BETWEEN ONSET AND DEATH 1 yr 4201	
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)	
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 Dec 1949, to Feb 7, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 2:55 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James H. Myers M.D.		23b. ADDRESS Rolla, Mo.	23c. DATE SIGNED 2-8-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #1	24b. DATE Feb. 8, 1950	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) - (State) Rolla, Mo.
DATE REC'D BY/LOCAL REG. 2-13-50	REGISTRAR'S SIGNATURE Nadine L. Stoeckl 380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo.	

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

7812
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RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 2-21-50

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 Paul E. Mullen

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.