No. 300
10.48

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20521

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 7001 Registrar's No. 283

495
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1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 22 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 112 N. JOPLIN ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN 0475
d. STREET ADDRESS (If rural, give location): 112 N. JOPLIN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): E
c. (Last): GNADT

4. DATE OF DEATH (Month) (Day) (Year): JUNE 11 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 31, 1884
9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM A. GNADT
13b. MOTHER'S MAIDEN NAME: MARY J. HOPKINS
14. NAME OF HUSBAND OR WIFE: MARGARET GNADT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MARGARET GNADT
ADDRESS: JOPLIN

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) ~~Acute Cerebrovascular~~ Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Over 2 yrs

ANTECEDENT CAUSES
Morbid 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. Rheumatoid arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 008 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-17, 1949, *to* 5-5-51, *that I last saw the deceased alive on* 6-10, 1951, *and that death occurred at* 3:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: A. L. Hamilton, M.D. (Degree or title)
23b. ADDRESS: Joplin Mo.
23c. DATE SIGNED: 6-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 13, 1951
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL
24d. LOCATION (City, town, or county) (State): JOPLIN Mo.

DATE REC'D BY LOCAL REG.: 6-12-5
REGISTRAR'S SIGNATURE: Geo. A. Ewing Reg. by Barbara Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: HURLBUT GLOVER
ADDRESS: JOPLIN

(Licensed Embalmer's Statement on Reverse Side)

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

M. Hamilton

RECEIVED 6-18-51
Jasper County Health Office
County File Number 5146/499
Date Filed 6-18-51

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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed ..... Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.