

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20526**

FILED JUN 26 1951

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>492</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		d. STREET ADDRESS (If rural, give location) <u>750 S. Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>750 S. Jefferson</u>				d. STREET ADDRESS (If rural, give location) <u>750 S. Jefferson</u>			
3. NAME OF DECEASED (Type or Print) <u>Nehlie</u>			a. (First)	b. (Middle)	c. (Last) <u>Gadd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 14 1898</u>		9. AGE (If years, last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 WKS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>W. W. Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Isbell Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>A. L. Gadd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Gadd</u> ADDRESS <u>Lebanon, Mo</u>					
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) <u>Hypertensive heart disease</u> INTERVAL BETWEEN ONSET AND DEATH _____ 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. <u>443 X</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon Laclede Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 16 51 3:30 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard L. Palmer</u> (Degree or title) <u>Corn</u>			23b. ADDRESS <u>Lebanon Mo.</u>			23c. DATE SIGNED <u>6-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/19/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-18-1951</u>		REGISTRAR'S SIGNATURE <u>Hella L. Mayo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pal Meds</u>		ADDRESS <u>Lebanon Mo</u>	

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

Received JUN 23 1951

LaClede County Health Unit

File No. 6-21-84

Date Filed JUN 25 1951

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

Stanley B. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. *4810*

P. O. Address *Lebanon 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.