

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13819**

APR 24 1952

BIRTH NO. **3395** REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA 0221	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) VANDEVENTER HILL	
d. FULL NAME OF HOSPITAL OR INSTITUTION VANDEVENTER HILL			

3. NAME OF DECEASED (Type or Print) JUDY ANN GADBERRY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH APRIL 11, 1952
				(Month) (Day) (Year)

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH January 25, 1952	9. AGE (In years last birthday) 2 Months 16 Days	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ELDON W. GADBERRY	13b. MOTHER'S MAIDEN NAME VERN LORRAINE DE ROOS	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Eldon W. Gadberry, Louisiana, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		
	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. Suffocated while sleeping in bed			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION with parents 1952	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Louisiana Pike Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? E924078
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased ~~dead~~ on **April 11, 1952**, and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. E. Mudd	(Degree or title) 3 Counselor	23b. ADDRESS Bowling Green Mo.	23c. DATE SIGNED April 11-52
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24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE 4/13/1952	24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY	24d. LOCATION (City, town, or county) (State) LOUISIANA, MISSOURI
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DATE REC'D BY LOCAL REG April 12, 1952	REGISTRAR'S SIGNATURE Bernice Callin	25. FUNERAL DIRECTOR'S SIGNATURE Halley Mortuary	ADDRESS Louisiana, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Geo. M. Collier

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, 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.