

FILED JAN 20 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2523
 Registrar's No. 5

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 5 weeks	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		d. STREET ADDRESS (If rural, give location) 407 West 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Mem. Hospital			

3. NAME OF DECEASED (Type or Print) WINNIE	a. (First)	b. (Middle) BELLE	c. (Last) GADDY	4. DATE OF DEATH January 7, 1953
--	------------	-------------------	-----------------	----------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 13, 1884	9. AGE (in years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
---------------	------------------------	--	---------------------------------	------------------------------------	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, Mending	10b. KIND OF BUSINESS OR INDUSTRY Home, Dry Cleaners	11. BIRTHPLACE (City and State or Foreign Country) Miller County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	--	-----------------------------------

13a. FATHER'S NAME James Pryor	13b. MOTHER'S MAIDEN NAME Hallie Helton	14. NAME OF HUSBAND OR WIFE Martin
--------------------------------	---	------------------------------------

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. 480-16-2364	17. INFORMANT'S SIGNATURE OR NAME Martin Gaddy	ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death previous cerebral hemorrhages		2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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 past 3 years, to _____, 19____, that I last saw the deceased alive on 1-7-1953, and that death occurred at 11:20P.m., from the causes and on the date stated above.

23a. SIGNATURE E. E. F. m.D.	(Degree or title)	23b. ADDRESS Rolla mo	23c. DATE SIGNED 1-14-53
------------------------------	-------------------	-----------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 10, 1953	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Mo.
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. Jan. 14, 1953	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.
--	---------------------------------------	---	--------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—COPY FILED IN PERMANENT RECORD—CONV. THE NUMBER

County File Number _____
Date Filed 1-19-53

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. Hull

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.