

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29450

FILED SEP 8 - 1953

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5859		Registrar's No. 167			
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Skidmore-rural 681ys</u>				c. CITY OR TOWN <u>Skidmore-rural</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0740</u>					

3. NAME OF DECEASED (Type or Print)			a. (First) <u>Lura</u>			b. (Middle) <u>Elva</u>			c. (Last) <u>Gaddy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-28-53</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<u>never married</u>		8. DATE OF BIRTH <u>Nov. 13, 1880</u>		9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>				11. BIRTHPLACE (State or foreign country) <u>Madland - Mo -</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>U.S. Gaddy</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Whitsett</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Florence Gaddy</u>				ADDRESS <u>Skidmore</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <u>half hr</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>apoplexy</u>								<u>8 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>									
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no operations</u>						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) _____		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 not 19 , to attended, that I last saw the deceased alive on Nov 5 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Adrian Coronel MD</u>		(Degree or title)		23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>8-29-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-30-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Groves Cem. Skidmore, Mo -</u>		24d. LOCATION (City, town, or county) (State) <u>Mo -</u>	
DATE REC'D BY LOCAL REG. <u>9-5-53</u>		REGISTRAR'S SIGNATURE <u>Kess Hults</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>McClintock</u>		ADDRESS <u>Maryville Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—1-40

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

G. M. Atkinson

Licensed Embalmer No.

2279

P. O. Address

Maryville 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.