

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41129

State File No.

FILED JAN 4 - 1956

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KALVEZAL-TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 Mos.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tuberculosis Hospital JASPER Co.</u>		d. STREET ADDRESS (If rural, give location) <u>So. Joplin Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) <u>RAY</u> c. (Last) <u>GNADT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-5-1878</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____ 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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>John Waters</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Van Bebber</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Gnadit (dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Hall Hobler, M.D.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-Sclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Pulmonary T. B.</u> DUE TO (c) <u>Probable Bronchogenic Carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162xA</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)	
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 <u>10-13</u> , 19 <u>55</u> , to <u>12-25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-25</u> , 19 <u>55</u> , and that death occurred at <u>9:20A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George Hall Hobler, M.D.</u>		23b. ADDRESS <u>Jasper Co. T. B. Hosp.</u>	
23c. DATE SIGNED <u>12-25-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-27-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Roney</u>		ADDRESS <u>Carl Junction, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 1957
Jasper County Health Office

County File Number 6-1-117

Date Filed JAN 3 1956

DEC 16 1957

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 Harvey E Bruce

Licensed Embalmer No. 44023

P. O. Address Wet City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.