FILED OCT 23 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35073

Registration District No. 291 Primary Registration District No. 5998 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Powersville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Town — Length of stay in lb Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Corinthian
c. CITY OR TOWN Powersville 0860 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Town — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Albert Middle Jackson Last Gadberry

4. DATE OF DEATH Month Oct. Day 11 Year 1956

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct 4 - 1872
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 0 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and state or country) Putnam Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frank Gadberry
14. MOTHER'S MAIDEN NAME Susan Wilson.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Ida Gadberry — Address Powersville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Degenerative Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myasthenia
DUE TO (c) Senility
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1932, to Oct. 11, 1956 and last saw ~~her~~ him alive on 10-11-56
Death occurred at 1230 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L.W. McDonald DO
22b. ADDRESS Unionville Mo
22c. DATE SIGNED 10-11-56

23a. BURIAL, CREMATION, REMOVAL (Specify) B.
23b. DATE 10-13-1956
23c. NAME OF CEMETERY OR CREMATORY Powersville Cem.
23d. LOCATION (City, town, or county) Powersville (State) Mo

24. FUNERAL DIRECTOR ADDRESS H. Husted & Son
25. DATE RECD. BY LOCAL REG. 10-20-1956
26. REGISTRAR'S SIGNATURE Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Murl E. Husted...

Licensed Embalmer No.....33

P. O. Address...Unionwl...

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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