

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037059

FILED VS NOV 9 1959 267

STATE FILE NUMBER

Registration District No. 3049 Primary Registration District No. 140 Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY PEMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAYTI	Length of stay in 1b	c. CITY OR TOWN POINT PLEASANT	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PEMISCOT MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DELLA Middle GADDIS Last GADDIS			4. DATE OF DEATH OCT. 23, 1959 Month Day Year		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 12, 1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and state or country) UNKNOWN-USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME FAULKERSON	13b. MOTHER'S MAIDEN NAME MAMIE HARRINGTON	14. NAME OF HUSBAND OR WIFE
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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. NONE	17. INFORMANT Mrs. RUBY GADDIS	Address PORTAGEVILLE Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vasculav Accident		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive C-Use Disease & Arricular Fibrillation	5 years
	DUE TO (c) Rheumatic Heart Disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **July 1957** to **23 October 1959** and last saw alive on **23 October 1959**
Death occurred at **11:55 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew E. Painter M.D.	22b. ADDRESS Portageville, Mo.	22c. DATE SIGNED Oct 24/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-25-59	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, Mo.
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24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, Mo.	25. DATE RECD. BY LOCAL REG. 10-25-59	26. REGISTRAR'S SIGNATURE Dr. Thanda Adario
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4481

P. O. Address 1st Ave. W. Bk.

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

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