

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5338-61-020953
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. Rural Registrar's No. AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 128 Primary Registration District No. Rural Registrar's No. 5338-61-020953 STATE FILE NUMBER

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY **Greene**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Republic** Length of stay in 1b **3 yrs** c. CITY OR TOWN **Republic** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes No d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First **BLETCHER** Middle **HOLDEN** Last **GADDY** 4. DATE OF DEATH **MAY 25, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1-17-1888** 9. AGE (last birthday) **73** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Own** 11. BIRTHPLACE (City and state or country) **Walnut Grove, Mo** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Lish Gaddy** 13b. MOTHER'S MAIDEN NAME **Willie Looney** 14. NAME OF HUSBAND OR WIFE **Ida May Gaddy**

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. **N ne** 17. INFORMANT **Mrs Nola White, Republic, Mo** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **immediate**
DUE TO (b) **Arteriosclerosis**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Cerebral Thrombosis on 18 May 1961** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 Month, Day, Year a.m. p.m.

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 **January 1960** to **May 1961** and last saw her/him alive on **25 May 1961** Death occurred at **12:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Karl Leidinger M.D.** (degree or title) 22b. ADDRESS **Republic, Missouri** 22c. DATE SIGNED **5-27-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal and Burial 5-28-61** 23b. DATE **5-28-61** 23c. NAME OF CEMETERY OR CREMATORY **Sallee** 23d. LOCATION (City, town, or county) (State) **Ozark County, Missouri**

24. FUNERAL DIRECTOR **Clinkingbeard** ADDRESS **Gainesville Mo** 25. DATE RECD. BY LOCAL REG. **5-29-61** 26. REGISTRAR'S SIGNATURE **Effie S. Melton**

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. _____

P. O. Address _____

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.