

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039556  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 230 Primary Registration District No. 5823 Registrar's No. 44

**FILED NOV 13 1962**

VS 300  
Rev. 4/59

1 0721  
2 0721  
3 2  
4 3  
5 1  
6  
7 0  
8 2  
9332X  
10  
11  
1290-0  
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Madrid</u>		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>713 Russell St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Ruth</u> Middle <u>Evelyn</u> Last <u>Gladney</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>1,</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/12/1893</u>
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>---</u>	11. BIRTHPLACE (City and state or country) <u>New Madrid, Mo.</u>
13a. FATHER'S NAME <u>Emanuel Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Bell La Faunt</u>	14. NAME OF HUSBAND OR WIFE <u>L.A. Gladney</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>No</u>	17. INFORMANT Address <u>G.L. Gladney, New Madrid, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Hypertension Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			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)			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
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 _____
21. I attended the deceased from <u>May 1943</u> to <u>Nov 15</u> and last saw her <sup>her</sup> alive on <u>Oct 28-1961</u> Death occurred at <u>9:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Oswell B. Chandler MD</u> (Degree or title)		22b. ADDRESS <u>New Madrid Mo</u>	22c. DATE SIGNED <u>11-5-62</u>
23a. BURIAL, CREMATION, <u>BURIAL</u> (Specify)	23b. DATE <u>11/5/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sandhill</u>	23d. LOCATION (City, town, or county) <u>New Madrid, Missouri</u> (State)
24. FUNERAL DIRECTOR <u>Richards Funeral Home Inc. New Madrid, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-5-62</u>	26. REGISTRAR'S SIGNATURE <u>Jay Hedgepeth</u>

Faint, mostly illegible text at the top of the page, possibly containing names and dates.

*Permit Expires 11-1-62*

**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 *[Handwritten Signature]*

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Faint text at the bottom of the page, possibly containing dates and other administrative information.