

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-029119

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 300

FILED JUL 27 1965

VS 300
Rev. 4/59

10940
20945
3
4 1
5 2
6
7 0
8 2
99040
10 21
11 094
12 2-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.R. St. Francois Twp.		Length of stay in lb 2 days	c. CITY OR TOWN Farmington Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 506 N. Middle Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Daisy Elizabeth Gideon			4. DATE OF DEATH Month July Day 21 Year 1965
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 9/16/1879
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Ste Genevieve Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph Pinkston	
13b. MOTHER'S MAIDEN NAME Nancy Ann Mackley		14. NAME OF HUSBAND OR WIFE J.C. Gideon (Dec'd)	
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. John P. Gideon, Shreveport, La.	
17. INFORMANT John P. Gideon, Shreveport, La.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Enter thrombus 1.2 Switzer - Rt hip PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced age	
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		INTERVAL BETWEEN ONSET AND DEATH 14 hr	
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.) pt fell in home	
20c. TIME OF INJURY Hour 7 Minute 19 P.M.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R. F. JURY		20f. CITY, TOWN, OR LOCATION Farmington, Missouri	COUNTY Bonne Terre, Mo.
20g. STATE Missouri		21. I attended the deceased from 7-19-65 to 7-21-65 and last saw her alive on 7-20 P.M. 1965 Death occurred at 6:55 A.M. - 7-21-65 m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Walter M. Allen, Jr. D.O.		22b. ADDRESS Farmington, Missouri	22c. DATE SIGNED 7-22-65
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/25/65	23c. NAME OF CEMETERY OR CREMATORY St Francois Memorial Park	
23d. LOCATION (City, town, or county) Bonne Terre, Mo.		23e. STATE Missouri	
24. FUNERAL DIRECTOR Miller Funeral Home, Farmington, Mo.		25. DATE RECD. BY LOCAL REG. July 23, 1965	26. REGISTRAR'S SIGNATURE Catherine Redloff

USE BLACK INK OR TYPEWRITER RIBBON

UN 105-1-1-12

STATE OF MISSOURI

11/10/12
10/1/12
10/1/12
10/1/12

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 *Paul Dugal*

Licensed Embalmer No. 4120

P. O. Address Farmington 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.