

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

29545

Do not use this space.

FILED SEP 10 1943

1. PLACE OF DEATH

(a) County Stone
(b) Township Alice Creek
(c) City.....
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 345
Primary Registration District No. 61680

Registered No. 10

(d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Billy Joe Gideon

(a) Residence, No. St. (If nonresident, give city or town and State) 11
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE OW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1943

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo O

FATHER 13. NAME Leonard Gideon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo O

MOTHER 15. MAIDEN NAME Elitha Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 1

17. INFORMANT (ADDRESS) John Miller Reeds Spring Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nickerson Cemetery DATE 7/12 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gas Filden Reeds Spring Mo

20. FILED Aug 1 1943 George Arnold Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1943

22. I HEREBY CERTIFY That I attended deceased from July 9 1943 to July 11 1943
I last saw him alive on July 9 1943 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Malnutrition Date of onset

Other contributory causes of importance: 158

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 'Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) L. S. Shumate M. D.
(Address) Reeds Spring Mo

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14023

RECEIVED

District Health Officer No. ()

District File Number 943-977

Date Filed SL 27 1943

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

Registered Apprentice No....., working under my personal supervision.

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 this body is not embalmed, above space should be left blank.