

Registration District No. 157

Primary Registration District No. 5076

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural Richland ~~Mo.~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 mile north 5 mile east Jasper /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mile north 5 mile east
(If rural, give location) Jasper Mo.

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Albert G. Gideon

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lizzie Teel Gideon

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Jan. 24th. 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>20</u>	_____ hr. _____ min.

9. Birthplace Cole Co. Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Same

12. Name James Gideon

13. Birthplace Unknown Ill. /
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Teel

15. Birthplace Cole Co. Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Gideon

(b) Address Jasper Mo. #3

17. (a) Burial (b) Date thereof 9-16th. 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) 9-17-45 (b) Marie Komantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day 14 year 1945 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 11 1945 to Sept 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Mitral Disease of heart

Duration chronic

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 950

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. M. B... (M. D. or other) _____

Address Kalmar City Mo. Date signed 9-17-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1524

RECEIVED

District Health Officer No. 6;

District File Number 1045-995

Date Filed OCT 2 1945

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

Chas J. Tuttle

Licensed Embalmer No. 2566

P. O. Address Jasper 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 this body is not embalmed, fact should be so stated above.