

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1951

23470

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission?) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP 050-0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) NEAR KIMMSWICK MO	

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR	b. (Middle)	c. (Last) GIDIONSEN	4. DATE OF DEATH JULY 5 1951 (Month) (Day) (Year)
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5. SEX M.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 14 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 16	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR	10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR	11. BIRTHPLACE (State or foreign country) GOLD COUNTY ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE LAURA GIDIONSEN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) NO NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME LAURA GIDIONSEN	ADDRESS KIMMSWICK MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmitates of old age		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Major operation Benign Prostatic Hyperplasia + chronic nephritis - see retroprostatectomy 4-19-51 (supp. report)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			792X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1, 1951, to July 5, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 9:30 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) Solomon T. Eason M.D.	23b. ADDRESS Barnhart Mo.	23c. DATE SIGNED July 7 1951
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24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE JULY 9 1951	24c. NAME OF CEMETERY OR CREMATORY New Pickers	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. July 14 - 51	REGISTRAR'S SIGNATURE Auth Jirsa	25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag funeral home	ADDRESS KIMMSWICK MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-17-51

APR 8 1957

FEB 15 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Elmer A. Haight

Signed.....
Student Embalmer

Licensed Embalmer No. *3579*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.