

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 148

No. 300
10-48

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>35 days</u>	c. CITY OR TOWN <u>Chadwick</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u> b. (Middle) _____ c. (Last) <u>Gideon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6 1954</u>	
5. SEX <u>♀</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED <u>MARRIED</u> (Specify)	8. DATE OF BIRTH <u>2-15-1883</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 _____	9. AGE (In years last birthday) <u>70</u> Months _____ Days _____ Hours _____ Mins. _____
11a. FATHER'S NAME <u>UNKNOWN</u>		11b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Taney County, Mo.</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO. <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. 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.		13. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidermoid carcinoma of skin of face, far advanced</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Encephalomalacia due to arteriosclerosis</u>	
14a. DATE OF OPERATION _____		14b. MAJOR FINDINGS OF OPERATION <u>191x</u>	
15a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		15b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
15c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		16. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
16a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		16b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
17. HOW DID INJURY OCCUR? _____			
18. I hereby certify that I attended the deceased from <u>12-2, 1953</u> to <u>1-6, 1954</u> , that I last saw the deceased alive on <u>1-6, 1954</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.			
19a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>		19b. ADDRESS <u>Columbia, Mo</u>	
20a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		20b. DATE <u>Jan 9, 1954</u>	
20c. NAME OF CEMETERY OR CREMATORY <u>Springer, Mo</u>		20d. LOCATION (City, town, or county) (State) _____	
21. DATE REC'D BY LOCAL REG. <u>Jan. 7 1954</u>		21. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> 31-0	
22. FUNERAL DIRECTOR'S SIGNATURE _____		22. ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

1938 8 1

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, ~~on~~ by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Lynard Spunkle*

Licensed Embalmer No. *401*

P. O. Address *Columbus*

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.