

FILED NOV 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37967

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY McDonald	
b. CITY OR TOWN Anderson Rural		c. CITY OR TOWN Anderson		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 6600 (Rural) 8 miles East of Anderson			
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Norman	b. (Middle) Franklin	c. (Last) Gideon	Nov. 10, 1954		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8, 1920	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 2	Hour Min.
-------------	------------------------	--	-------------------------------	------------------------------------	--------------------------	-------------------------	-----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and State or Foreign Country) McDonald Co. Missouri.	12. CITIZEN OF WHAT COUNTRY? USA.
--	---	---	-----------------------------------

13a. FATHER'S NAME Mose Gideon	13b. MOTHER'S MAIDEN NAME Mattie May Harris	14. NAME OF HUSBAND OR WIFE Willa Fern Gideon
--------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2.	16. SOCIAL SECURITY NO. 500-01-4120	17. INFORMANT'S SIGNATURE OR NAME Mrs. Willa Fern Gideon	ADDRESS Anderson,
---	-------------------------------------	--	-------------------

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  14 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Cervix / Metastatic lymph system.		
	ANTECEDENT CAUSES Morbid conditions, any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from March 10, 1954, to November 9, 1954, that I last saw the deceased alive on November 9, 1954, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ed J. Bush D.O.</i>	(Degree or title)	23b. ADDRESS Anderson mo	23c. DATE SIGNED 11/10/54
---------------------------------------	-------------------	--------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/13/54	24c. NAME OF CEMETERY OR CREMATORY Tracy Cemetery	24d. LOCATION (City, town, or county) (State) Anderson Rt. 3, Missouri
--	--------------------	---	--

DATE REC'D BY LOCAL REG. 11-12-54	REGISTRAR'S SIGNATURE <i>Mayme Thompson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rabbs Funeral Home Anderson mo</i>	ADDRESS
-----------------------------------	---	--	---------

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

NOV 23 1952  
NOV 19 1952

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 *Carl Rapp*.....

Licensed Embalmer No. *345*

P. O. Address *Anderson, N.C.*

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.