

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. WAKEMAN

State File No. 36541

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1077

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MERCY INFIRMARY				STREET ADDRESS (If rural, give location) 932 W. STATE			
3. NAME OF DECEASED (Type or Print) DELLA		a. (First)		b. (Middle) S.		c. (Last) GIDEON	
4. DATE OF DEATH NOV. 27 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 1 1878		9. AGE (In years last birthday) 77	
5. SEX FEMALE		6. COLOR OR RACE WHITE		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) CLEVER, MISSOURI				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME HIGH STOWE		13b. MOTHER'S MAIDEN NAME LOUISA GREEN		14. NAME OF HUSBAND OR WIFE THOMAS H. GIDEON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.H. GIDEON SPRINGFIELD, MO.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Gall Bladder 2 Metastases to liver. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 155X				INTERVAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION 0-5-1955		19b. MAJOR FINDINGS OF OPERATION Cholecystectomy Biopsy Gall Bladder showed Adenocarcinoma				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) (Min.)		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 October , 19 55 , to Nov 27 , 19 55 , that I last saw the deceased alive on Nov 26 , 19 55 , and that death occurred at 6 P m., from the causes and on the date stated above.							
23a. SIGNATURE J. Newton Wakeman M.D. (Degree or title)				23b. ADDRESS Springfield Mo		23c. DATE SIGNED 11-28-55	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/29/55		24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
DATE REC'D BY LOCAL REG. 11-28-55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Johnson		ADDRESS SPRINGFIELD, MO.	

(Licensed Embalmer's Statement of Cause of Death)

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

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.....
Levan T. Lumb

Licensed Embalmer No. *4182*

P. O. Address.....
Spring

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.