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

FILED NOV 18 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37444

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4508 Registrar's No. 82

**1. PLACE OF DEATH**
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Noel
c. LENGTH OF STAY (In this place): 4 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fountain Clinic

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN: Anderson Rt.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 06003

**3. NAME OF DECEASED** (Type or Print)
a. (First): Alberta
b. (Middle): Anna
c. (Last): Gideon

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 1-1955

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): M
**8. DATE OF BIRTH**: 9-26-1910
**9. AGE** (In years last birthday): 45
IF UNDER 1 YEAR: Months 1 Days 11
IF UNDER 24 HRS.: Hours ___ Min. ___
**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): Kansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.
**13a. FATHER'S NAME**: Chas Behhamy
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Ahton Gideon
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Ahton Gideon
ADDRESS: Anderson Mo Rt.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 48hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute Pyelonephritis — 2wks
DUE TO (c) ___

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 6000

**19a. DATE OF OPERATION**: ___
**19b. MAJOR FINDINGS OF OPERATION**: ___
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: ___

22. *I hereby certify that I attended the deceased from* 1954, 19___, *to* Nov. 1, 1955, *that I last saw the deceased alive on* Nov. 1, 1955, *and that death occurred at* 3:40 m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): K. Fountain, MD.
**23b. ADDRESS**: Noel, Mo.
**23c. DATE SIGNED**: 11-4-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-4-1955
**24c. NAME OF CEMETERY OR CREMATORY**: Tracy Cem
**24d. LOCATION** (City, town, or county) (State): Anderson, Mo. Rt.

DATE REC'D BY LOCAL REG.: 11-8-1955
REGISTRAR'S SIGNATURE: Mayne Humphrey 423-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: H. M. Humphrey
ADDRESS: Pineville, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. M. Humphrey Jr.

Licensed Embalmer No. 47

P. O. Address Noel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.