

FILED JAN 17 1956

STANDARD CERTIFICATE OF DEATH

State File No. 446
Registrar's No. 446

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Breckenridge		c. CITY OR TOWN Breckenridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0130	

3. NAME OF DECEASED (Type or Print) a. (First) Eltha b. (Middle) Mae c. (Last) Gibeaut	4. DATE OF DEATH (Month) (Day) (Year) 1956 January 8, 1956
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5. SEX Fe	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH May 4, 1893	9. AGE (In years last birthday) 62	if UNDER 1 YEAR Months 10	if UNDER 24 HRS. Days 4
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Daviess	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James C. Biddle	13b. MOTHER'S MAIDEN NAME Ethel Lay	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 495-24-3111	17. INFORMANT'S SIGNATURE OR NAME Elsie Terrill	ADDRESS Breckenridge 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		15 MIN
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) ARTERIAL SCLEROSIS		10 YEARS 10 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

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 12-10, 1955, to 1-8, 1956, that I last saw the deceased alive on 1-8, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Brody K. Fleming M.D.	23b. ADDRESS Breckenridge Mo	23c. DATE SIGNED 1-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 10, 1956	24c. NAME OF CEMETERY OR CREMATORY Lick Fork Cem	24d. LOCATION (City, town, or county) Daviess Co. Mo
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DATE REC'D BY LOCAL REG. 1-13-56	REGISTRAR'S SIGNATURE Mrs. Lick	25. FUNERAL DIRECTOR'S SIGNATURE MORGUE FUNERAL SERVICE	ADDRESS Breckenridge, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

REC-57, 11/19/57

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 *Darnold F. Mead*.....

Licensed Embalmer No. *280*.....

P. O. Address *Drayton*.....

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.