

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED FEB 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 667 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) -- a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Union</b>		c. CITY OR TOWN <b>Hurley</b>	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) <b>10 Yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>"Rural" Union</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of J. J. Gideon</b>		1040	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>KATHRYN</b>	b. (Middle) <b>ELIZABETH</b>	c. (Last) <b>GIDEON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 4, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept. 21-1863</b>	9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife &amp; School Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Warrick, England</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>John Kemp</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Bolten</b>	14. NAME OF HUSBAND OR WIFE <b>William Green Gideon</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. J. Gideon, Hurley, Missouri</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>3 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Paralysis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac and Circulatory failure</b> DUE TO (c) <b>Myocardial infarction</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Glomerulonephritis</b>			

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) (Min.)	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 January 24, 1956 to January 30, 1956, that I last saw the deceased alive on January 30, 1956 and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Glenn Rex Ellis D.O.</b>	23b. ADDRESS <b>Crane Missouri</b>	23c. DATE SIGNED <b>2-7-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-6-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>IOOF Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marionville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 11-56</b>	REGISTRAR'S SIGNATURE <b>Mrs. G. Elmer Prosser</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Shearn Harris</b>	ADDRESS <b>Clever, Mo.</b>
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*Paulina Murray*

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.....  
*J. Alan Harris*

Licensed Embalmer No. 4390

P. O. Address *Cleary, Mo.*

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.