

FILED NOV 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. 38642

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>La Belle</b>		c. CITY OR TOWN <b>La Belle</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>0560</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruby</b> b. (Middle) <b>M.</b> c. (Last) <b>Gidney</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 10, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 16, 1887</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Knox County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>

13a. FATHER'S NAME <b>David Thompson</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Schemp</b>	14. NAME OF HUSBAND OR WIFE <b>John Gidney</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Gidney La Belle, Mo.</b>

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) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sick for 30 yrs Very Nervous</b>		
	DUE TO (c) <b>1 year ago developed Lesion of Right Ventricle</b>		
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 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) <b>4201</b>
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? <b>2nd floor</b>

22: I hereby certify that I attended the deceased from 1954, 1954, to Jan 10<sup>th</sup>, 1956, that I last saw the deceased alive on Nov 11<sup>th</sup>, 1956, and that death occurred at 10p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. V. Coates</b>	23b. ADDRESS <b>Do 2 La Belle Mo</b>	23c. DATE SIGNED <b>11-17-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/18/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>La Belle Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>La Belle, Missouri</b>

DATE REC'D BY LOCAL REG. <b>11-20-56</b>	REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. G. Ladd, Jr. La Belle, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 29 1958

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 myself Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. L. Lader Jr.

Licensed Embalmer No. 432

P. O. Address La Belle

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.