

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 390

300  
1-57

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Columbia</u>                       |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>Flat River</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Ellis Fishcel Can. H</u> |  | Length of stay in lb <u>30 days</u>   | d. STREET ADDRESS <u>104 E. Main St.</u><br>(If outside, give location)<br>Reside on Form<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Ida</u> Middle <u>S.</u> Last <u>Gidney</u> |  |  | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>20</u> Year <u>1957</u> |  |  |
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| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-26-1895</u> | 9. AGE (In years last birthday) <u>62</u> | 10. FUNDER 1 YEAR<br>Months _____ Days _____ | 11. IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None At Home</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u> | 11. BIRTHPLACE (City and state or country)<br><u>Coffman, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>William Womack</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Odelia Lalumondier</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Harry Thomas Gidney</u> |
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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)<br><u>Unknown</u> | 16. SOCIAL SECURITY NO.<br><u>None given</u> | 17. INFORMANT<br><u>Hospital Records</u> | Address<br><u>Columbia</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary embolus</u> |                                       | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 mos.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Bronchopneumonia</u>    |   |
|   | DUE TO (c) <u>Carcinoma of Cervix</u> |   |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>171X</u>          |                                       | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.) |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____ |
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| 21. I attended the deceased from <u>9/20/57</u> to <u>10/20/57</u> and last saw her alive on <u>10/20/57</u><br>Death occurred at <u>5:55 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE (Degree or title)<br><u>Edwin C. Truelle M.D.</u> | 22b. ADDRESS<br><u>Ellis Fishcel Stat Cancer Hospital</u> | 22c. DATE SIGNED<br><u>10/20/57</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>10/23/57</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Parkview Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Francois Co. Mo</u> |
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| 24. FUNERAL DIRECTOR<br><u>C.Z. Boyer &amp; Son Desloge, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Oct 22 1957</u> | 26. REGISTRAR'S SIGNATURE<br><u>Mrs R E Balmer</u> |
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All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 28 1957  
NOV 1 1957

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. T. Boyer* .....

Licensed Embalmer No. 3660 .....  
P. O. Address Desloge, 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.