

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001114

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 115

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 23 1963

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in 1b 79 years	c. CITY OR TOWN Springfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Johns		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 930 South Campbell
3. NAME OF DECEASED (Type or print) WALDO G. GIDEON		4. DATE OF DEATH Month January Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 26, 1871
9. AGE (last birthday) 91		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY Law Practice	11. BIRTHPLACE (City and state or country) Ozark, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas J. Gideon	13b. MOTHER'S MAIDEN NAME Frances L. Williams
14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	16. SOCIAL SECURITY NO. [REDACTED]
17. INFORMANT Mrs. Dorsey Jones, Fayetteville, Ark.		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) Sudden death - cause unknown			INTERVAL BETWEEN ONSET AND DEATH none
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tumor, type undetermined, right abdomen			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE
21. I attended the deceased from 9-12-56 to 1-19-63 and last saw him alive on 1-16-63		He died at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>J. G. Sicaluff</i>		22b. ADDRESS 609 Cherry Street Springfield, Mo.	22c. DATE SIGNED 1-21-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 27, 1963	23c. NAME OF CEMETERY OR CREMATORY Hazelwood	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR Jewell E. Windle, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 1-22-63	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>

J.G. Sicaluff, M.D.
USE BLACK INK OR TYPEWRITER RIBBON

JAN 28 1963

Form 1-21-63

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 Albert Dale Daniel, Student Embalmer No. 660

working under my personal supervision.

Student: Dale Daniel
Signature of Student Embalmer

Signed: Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, ma

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.