

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32962

State File No.

BIRTH NO. _____ REG. DIST. NO. 67 47 PRIMARY REG. DIST. NO. 4118 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Christian Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Town Sparta</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence Sparta Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Sparta Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dessie</u>		b. (Middle) <u>Gideon</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 24, 1876</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Henry Billingsly</u>	
13b. MOTHER'S MAIDEN NAME <u>Elsie Tunnis</u>		14. NAME OF HUSBAND OR WIFE <u>Widow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Eldo Gideon</u>		ADDRESS <u>Sparta Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Robert Pneumonia</u> DUE TO (c) <u>Cause unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Ventricular failure</u> <u>Myocarditis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
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) _____		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? _____	
22. I hereby certify that I attended the deceased from <u>Jan, 1949</u> , to <u>Oct 12, 1950</u> , that I last saw the deceased alive on <u>Oct 12, 1950</u> , and that death occurred at <u>3:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Vincent R. M. Cornish D.O.</u> (Degree or title)		23b. ADDRESS <u>Ozark Mo</u>	
23c. DATE SIGNED <u>10/16/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Christian Co Mo</u>		DATE REC'D BY LOCAL REG. <u>Oct 15 - 50</u>	
REGISTRAR'S SIGNATURE <u>Lillie Barr</u>		58	
25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>		ADDRESS <u>Ozark, Mo</u>	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

OCT 20 1950

Dist. File 1050-2129

Date Filed 10-20-50

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
Student Embalmer

Signed _____

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address _____

Ozark 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 this body is not embalmed, fact should be so stated above.