

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9577

FILED MAR 24 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		d. STREET ADDRESS (If rural, give location) 17 MILL ST. 0	
3. NAME OF DECEASED (Type or Print) a. (First) ANTOINE b. (Middle) GIDLEY c. (Last) GIDLEY		4. DATE OF DEATH (Month) (Day) (Year) MARCH 7, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 10, 1860
9. AGE (In years last birth day) 90	IF UNDER 1 YEAR Months 4 Days 27	IF UNDER 24 HRS. Hours 0 Min. 0	11. BIRTHPLACE (State or foreign country) ZELL Mo. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GERHARD CHARLES GIDLEY		13b. MOTHER'S MAIDEN NAME THERLA BECHTOLD	14. NAME OF HUSBAND OR WIFE PAUL BETH GIDLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME PAUL THOMURE ADDRESS BONNE TERRE Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease - Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric fracture right femur - 1 week	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200F		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bonne Terre St. Francois, Mo.	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 28, 1952 5 P.
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell down steps.	
22. I hereby certify that I attended the deceased from Feb. 28, 1952 to March 7, 1952 , that I last saw the deceased alive on March 7, 1952 and that death occurred at 2:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Marvin J. New J.M.D. (Degree or title)		23b. ADDRESS Bonne Terre, Mo.	23c. DATE SIGNED 3/13/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 10, 1952	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S	24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo.
DATE REC'D BY LOCAL REG. Mar. 13, 1952	REGISTRAR'S SIGNATURE Cather Rudloff 289-0	25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Hudler ADDRESS Bonne Terre Mo.	

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

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