

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

State File No. **36320**

FILED OCT 26 1953

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Vada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto Rural (Vada)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Soto Rt #2</u>		d. STREET ADDRESS (If rural, give location) <u>De Soto Rt #2</u>	
3. NAME OF DECEASED (Type or Print) <u>Donald Lee Gideon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13 1953</u>	
5. SEX <u>Mo</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 27, 1934</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>De Soto Mo.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>H.E. Gideon</u>	13b. MOTHER'S MAIDEN NAME <u>Hettie Rowden</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H.E. Gideon</u> ADDRESS <u>De Soto Rt #2</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u> ANTECEDENT CAUSES DUE TO (b) <u>Progressive muscular dystrophy 14 years</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
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 <u>7/4/1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 June 1953, to Oct 13, 1953 that I last saw the deceased alive on Oct 13, 1953, and that death occurred at 3a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>10-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 15 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. D... De Soto Mo.</u> ADDRESS
DATE REC'D BY LOCAL REG. <u>10-18-53</u>	REGISTRAR'S SIGNATURE <u>Maria Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

WRITE PLAINLY—USING INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED OCT 20 1953

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

Samuel B. Dietrich

Licensed Embalmer No. *4104*

P. O. Address *Adels 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.