

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

554 =60-014847
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5 Registrar's No. 2000

DEED

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) OR TOWN Springfield		Length of stay in 1b		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF HOSPITAL OR INSTITUTION DOCTOR'S MEMORIAL OSTEOPATHIC HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 700 E. Sunshine St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Wanda Middle Pauline Last Gideon				4. DATE OF DEATH Month May Day 9 Year 1960												
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/9/60	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 8 Min. 30									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Springfield		12. CITIZEN OF WHAT COUNTRY U.S. America									
13a. FATHER'S NAME Robert Jackie Gideon			13b. MOTHER'S MAIDEN NAME Wanda Lee Finney			14. NAME OF HUSBAND OR WIFE None										
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 Robert Jackie Gideon; Rt. #1, Chadwick, Mo.				Address								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure							INTERVAL BETWEEN ONSET AND DEATH From Birth									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Prematurity														
		DUE TO (c)														
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6 1/2 month baby						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 4:40 a.m., 5/9/60 to 1:10 p.m., 5/9/60 and last saw her alive on May 9, 1960 Death occurred at 1:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE (Degree or title) J. Andrew Martinick D.O.				22b. ADDRESS Springfield, Mo				22c. DATE SIGNED 5-9-60								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/10/1960	23c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery			23d. LOCATION (City, town, or county) Chadwick, Missouri			(State)							
24. FUNERAL DIRECTOR J. Dean Harris,			ADDRESS Clever, Missouri		25. DATE RECD. BY LOCAL REG. 5-13-60		26. REGISTRAR'S SIGNATURE Effie S. Meltan									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

★ *This body not embalmed*
Fluid Preserved

Signed _____

John Harris ★

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.