

Dr. Harry S. S. by

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040801

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

264

Primary Registration District No.

264

Registrar's No.

853

FILED OCT 29 1963

1. PLACE OF DEATH

a. COUNTY

OZARK

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

OCIE

Length of stay in 1b

10 MO.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

OZARK

Inside Limits

Yes ☐ No ☒c. CITY
OR
TOWN

OCIE

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

J

Middle

OLIVER

Last

GIDEON

4. DATE
OF
DEATH

Month

Day

Year

OCT.

14

1963

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12/6/979. AGE (last birthday)
65IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

RETIRED FINANCE DIRECTOR

10b. KIND OF BUSINESS OR INDUSTRY

CITY OF
SPRINGFIELD

11. BIRTHPLACE (City and state or country)

SPRINGFIELD, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

THOMAS H. GIDEON

13b. MOTHER'S MAIDEN NAME

JOSEPHINE OLIVER

14. NAME OF HUSBAND OR WIFE

DOROTHY L. GIDEON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

YES

W.W. # 1

16. SOCIAL SECURITY NO.

YES

17. INFORMANT

DOROTHY L. GIDEON

Address

OCIE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Probable Myocardial infarction minutes
due to coronary occlusion
arteriosclerotic vascular disease

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)

Carcinoma of prostate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)20f. CITY, TOWN, OR LOCATION
COUNTY STATE
Springfield Greene, Mo.21. I attended the deceased from Mar 22 '56 to Oct 14 '63 and last saw him alive on Sept 17 '63
Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dr. Harry S. S. by

22b. ADDRESS

609 Cherry

22c. DATE SIGNED

Oct 15 '63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE

10/18/63

23c. NAME OF CEMETERY OR CREMATORY

HAZELWOOD

23d. LOCATION (City, town, or county)

SPRINGFIELD, MO.

24. FUNERAL DIRECTOR
ADDRESS
H.H. LOHMEYER FUNERAL HOME
SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

10-21-63

26. REGISTRAR'S SIGNATURE

Barbara Shaw by J. W.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

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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 _____
Signature of Student Embalmer

Signed Lucian T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.

10-51-01