2
-40
39
23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED SEP 16 1940

STANDARD CERTIFICATE OF DEATH

State File No. 28115

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 274

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 818 CENTER ST
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME LULA E. GOOLDY 430
3. (b) If veteran, name war .....
3. (c) Social Security No. 490-01-3001
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased JULY (Month) 20 (Day) 1880 (Year)

8. AGE: Years 60 Months 1 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace JASPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation BOOKKEPER
11. Industry or business .....
FATHER
12. Name JAMES GOOLDY
13. Birthplace BEDFORD CO. (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name FRANCES KELLY
15. Birthplace JASPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Mrs Arthur W. Barton
(b) Address Geneva, Ohio
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG 28, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 700 Court Fulton, Mo.
19. (a) Aug 27/40 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 26
year 1940 hour Six minute Thirty A.M.
21. I hereby certify that I attended the deceased from 1938 ....., 19..., to Aug. 26, 1940
that I last saw her alive on Aug 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis.

Due to She had myocarditis also angina on exercising for
Due to the past 2 years.

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

94 B

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature R. N. Crews (M. D. or other)
Address Fulton, Mo. Date signed 8/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 Walter P. Hedges, Registered Apprentice No. 263 working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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