

FILED MAY 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 19067

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Gideon	
c. LENGTH OF STAY (in this place) 4 da. 5 hrs		d. STREET ADDRESS (If rural, give location) no R1 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) F.	c. (Last) Golden	4. DATE OF DEATH (Month) (Day) (Year) May 9 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 1-1874	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 76 2 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No	10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (State or foreign country) Perryville, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Nathan Golden	13b. MOTHER'S MAIDEN NAME Hulda Stipe	14. NAME OF HUSBAND OR WIFE Ora Stipe
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE AND ADDRESS Alta Mitchell-Sister-Centralia, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diphtheria neckletion		
	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.		2 box	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5-5**, 19**50**, to **5-9**, 19**50**, that I last saw the deceased alive on **5-8**, 19**50**, and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. A. Jarvis D.M.S.	(Degree or title)	23b. ADDRESS Morehouse, Mo.	23c. DATE SIGNED 5-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10, 1950	24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.	24d. LOCATION (City, town, or county) (State) Portageville Mo
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DATE REC'D BY LOCAL REG. May 12-50	REGISTRAR'S SIGNATURE Mrs. Ella F. Hunter	FUNERAL DIRECTOR'S SIGNATURE Delbert Funeral Parlor	ADDRESS Portageville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 15 19

SCOTT COUNTY HEALTH CE

CO. FILE NO. 551-

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.