No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23735

State File No. .....

BIRTH NO. _____ REG. DIST., NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 289

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Indep Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 0484
d. STREET ADDRESS (If rural, give location): 1210 W. Waldo 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ollieva
b. (Middle): Z.
c. (Last): Gold

4. DATE OF DEATH (Month) (Day) (Year): July 19 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 6, 1881
9. AGE (In years last birthday): 69 | IF UNDER 1 YEAR: Months 6, Days 13 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas N. Smith
13b. MOTHER'S MAIDEN NAME: Amanda M Bradley
14. NAME OF HUSBAND OR WIFE: Samuel B. Gold

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'S SIGNATURE OR NAME: Mrs Hubert F. Latimer
ADDRESS: Indep Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute brain edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
area of encephalomalacia rt brain - amputation left mid thigh - Rheumatic mitral stenosis — 4500

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* 7/19, 1950, *that I last saw the deceased alive on* 7/18, 1950, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vance E. Link, M.D.
23b. ADDRESS: Independence, Mo
23c. DATE SIGNED: 7/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 21 1950
24c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cem
24d. LOCATION (City, town, or county) (State): Indep Mo

DATE REC'D BY LOCAL REG.: July 20, 1950
REGISTRAR'S SIGNATURE: James B. Craig 354
25. FUNERAL DIRECTOR'S SIGNATURE: Dupon L. Tapley
ADDRESS: Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 4 RECD

FEB 28 1951

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~~ .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Dixon L. Kepley

Signed .....
Student Embalmer

Licensed Embalmer No. 4225

P. O. Address Indep. Mo

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

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