

S. No. 300
V. 10. 48

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16265

0402

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON 0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION WRIGHT MEMORIAL HOSP.		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) ROSA b. (Middle) _____ c. (Last) GOLDSBY			4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE-11-1881	9. AGE (In years last birthday) 67	10. CITIZEN OF WHAT COUNTRY? USA.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM WIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) GRUNDY CO. MO.	

13a. FATHER'S NAME LARKIN CORNWELL		13b. MOTHER'S MAIDEN NAME MARTHA SCHOOLER		14. NAME OF HUSBAND OR WIFE GEORGE GOLDSBY	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Tom Woods, Spickard 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 4201	
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? _____	

22. I hereby certify that I attended the deceased from **May 27, 1951**, to **May 28, 1951**, that I last saw the deceased alive on **May 27, 1951**, and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffly		23b. ADDRESS Trenton		23c. DATE SIGNED May 30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY-30-1951		24c. NAME OF CEMETERY OR CREMATORY COON CEM.	
				24d. LOCATION (City, town, or county) (State) MERCER CO. MO	

DATE REC'D BY LOCAL REG. 5/31/51		REGISTRAR'S SIGNATURE Gene Jai		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schooler Funeral Home Spickard Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Ross Wido

Signed.....
Student Embalmer

Licensed Embalmer No. 3771

P. O. Address Spickard 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 this body is not embalmed, fact should be so stated above.