

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u> <u>0495</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>206 BYERS</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u> b. (Middle) <u>H.</u> c. (Last) <u>GOLDSTEIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1951</u>			
5. SEX <u>0</u>		6. COLOR OR RACE <u>DIANE WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		
8. DATE OF BIRTH <u>OCT 2, 1876</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR: Days _____ Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL CLOTHING</u>		11. BIRTHPLACE (State or foreign country) <u>TAYLORVILLE, ILL</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAM Goldstein</u>		13b. MOTHER'S MAIDEN NAME <u>Cecilia Meryhart</u>		
14. NAME OF HUSBAND OR WIFE <u>FANNIE GOLDSTEIN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <u>JOE GOLDSTEIN</u>				ADDRESS <u>JOPLIN</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		ANTECEDENT CAUSES		<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Debilitation</u>		<u>4 days</u>	
DUE TO (c) <u>Diarrhea - Enteritis</u>		II. OTHER SIGNIFICANT CONDITIONS		<u>4 days</u>	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinson's Disease.</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 <u>Jan. 4, 1951</u> , to <u>July 25, 1951</u> , that I last saw the deceased alive on <u>July 25, 1951</u> , and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Shelley M. Walker, M.D.</u>			23b. ADDRESS <u>725 Friess Bldg. Joplin</u>		23c. DATE SIGNED <u>7/26/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BNA AMOONA Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-27-51</u>		REGISTRAR'S SIGNATURE <u>Edo James</u> <u>139</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. B. GLOVER</u> <u>JOPLIN</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-28-51  
Jasper County Health Office

County File Number 51/7/599  
Date Filed 7-28-51

DEC 7 1951

1951  
OCT 3 1951

JUL 9 1952

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 *Paul Glover*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4592

P. O. Address *Joplin, 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.