

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7016

State File No. ....

MAR 4 1952

BIRTH NO. ....

REG. DIST. NO. 347

PRIMARY REG. DIST. NO. 665

Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>STONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STONE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"RURAL" HURLEY</b>		c. LENGTH OF STAY (in this place) <b>8 YEARS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RT. #2, CRANE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"RURAL" HURLEY</b> 1040	
		d. STREET ADDRESS (If rural, give location) <b>RT. #2, CRANE</b> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <b>PERMELIA</b> b. (Middle) <b>ELIZABETH ANN</b> c. (Last) <b>GOLD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 20 1952</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB. 15 - 1877</b>
9. AGE (in years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>STONE CO., MISSOURI</b> 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>T.S. MITCHELL</b>		13b. MOTHER'S MAIDEN NAME <b>CAROLINE WHITE</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE W. GOLD</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HAROLD GOLD, RT. #1, AURORA, MO.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>terminal alcohol</b> DUE TO (c) <b>Heart failure</b> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-sclerotic lardio-sclerosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	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)	
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? <b>352X</b>	
22. I hereby certify that I attended the deceased from <b>1938</b> , to <b>Feb. 20, 1952</b> , that I last saw the deceased alive on <b>Feb. 19, 1952</b> , and that death occurred at <b>5:40 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>A. P. Casper M.D.</b>		23b. ADDRESS <b>Aurora, Mo.</b>	23c. DATE SIGNED <b>2-23-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 22-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WHITE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>STONE CO., MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>Feb. 28-52</b>	REGISTRAR'S SIGNATURE <b>Mrs. J. Palmer Branson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John Hlean Harris Clover, Mo.</b>	

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

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**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 \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.