

STANDARD CERTIFICATE OF DEATH

7551

State File No.

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> <u>0130</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> <u>0130</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>city limits</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city limits</u>		e. STREET ADDRESS (If rural, give location) <u>city limits</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>	a. (First) <u>GEORGE</u>	b. (Middle) <u>GOLL</u>	c. (Last) <u>GOLL</u>	4. DATE OF DEATH <u>Feb. 7, '52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 8, 1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>82</u>	IF UNDER 11 WKS. Days <u>82</u>	Hours <u>82</u>	Min. <u>82</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Braymer, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Marcus Goll</u>	13b. MOTHER'S MAIDEN NAME <u>Susanna (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Daisy Goll</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ted Thacker</u>	ADDRESS <u>Braymer, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>	DUE TO (b) <u>Cerebral arteriosclerosis</u>	<u>many years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Generalized arteriosclerosis</u>	<u>Diabetes mellitus</u>	<u>many years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic Myocarditis (arteriosclerotic)</u>		<u>many years</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	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 Sept 1947 to Feb. 7, 1952 that I last saw the deceased alive on Feb. 7, 1952 and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Goldberg M.D.</u> (Degree or title)	23b. ADDRESS <u>Braymer, Mo.</u>	23c. DATE SIGNED <u>2/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/9/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pharos cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caldwell Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-10-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. Michael Braymer</u>	ADDRESS <u>Mo.</u>
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(Licensed Embelmer's Statement on Reverse Side)

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

222

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

Gene C. Michael

Licensed Embalmer No. *4340*

P. O. Address *Brazner, 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.