

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26900

State File No. ....

S. No. 300  
v. 10.46

FILED JUL 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6164</u>		Registrar's No. <u>33</u>			
1. PLACE OF DEATH a. COUNTY <u>STONE</u> <u>1040</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL "NO. GRANT"</u>		c. LENGTH OF STAY (In this place) <u>12 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" NORTH GRANT</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. #1, MARIONVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>RT. #1, MARIONVILLE</u>					
3. NAME OF DECEASED a. (First) <u>JOSEPH</u>			b. (Middle) <u>L.</u>		c. (Last) <u>GOLD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>JULY 18-1864</u>		9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Days) (Hours) (Min.) <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>CHRISTIAN CO., MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM GOLD</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>MARGARET HEAD, GOLD</u>			
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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LEONARD PEARCE, RT.#1, MARIONVILLE MISSOURI</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154x</u>						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?					
22. I hereby certify that I attended the deceased from <u>June 25, 1952</u> , to <u>June 28, 1952</u> , that I last saw the deceased alive on <u>June 25, 1952</u> , and that death occurred at <u>1:00 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. P. Coyle</u>				23b. ADDRESS <u>P.O. Bureau, Mo.</u>		23c. DATE SIGNED <u>6-30-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 29-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WISE HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO., MO.</u>			
DATE REC'D BY LOCAL REG. <u>July 8-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Prussner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Clever, Mo.</u>			

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John Alan 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.