

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37870

State File No. _____

S. No. 300
v. 10-48

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 398

1143
2

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

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Lewis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>14 1/2, 6mo. 1d</u>	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>La Belle</u> <u>0560</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>			d. STREET ADDRESS (If rural, give location) <u>Urb</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>Robert</u> c. (Last) <u>Golden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>24 July 1869</u>		9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>5</u> IF UNDER 1 HR. Hours <u></u> Min. <u></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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>JOHN R. Golden</u>		13b. MOTHER'S MAIDEN NAME <u>Urb</u>		14. NAME OF HUSBAND OR WIFE <u>Urb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Urb</u>		16. SOCIAL SECURITY NO. <u>Urb</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>		ADDRESS <u>Fulton Mo</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.			MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial & cerebral arterio sclerosis.</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTÉCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture R. Femur, Arterio Scl. Heart-Di</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Fracture R femur,</u>		20. AUTOPSY? <u>306XF</u> YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>City Calloway Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 14 1952 7m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pr fell a 14 floor</u>			
22. I hereby certify that I attended the deceased from <u>28 May 1951</u> , to <u>29 Nov 1952</u> , that I last saw the deceased alive on <u>24 Nov 1952</u> , and that death occurred at <u>6:30 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J.C. Caldwell M.D.</u>			23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>29 Nov 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/29/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cem</u>	24d. LOCATION (City, town, or county) (State) <u>LA BELLE Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov 29-1952</u>	REGISTRAR'S SIGNATURE <u>Mauritta Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mauritta Lawrence</u> ADDRESS <u>Fulton Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Henry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Walter 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.