

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17095**  
Registrar's No. **549**

FILED MAY 18 1953

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>549</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan 01170</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan 0117</b>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>7 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph 0</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1215 Faraon St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Birdie</b> b. (Middle) <b>S. Golden</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>May 10, 1953</b>				
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>		8. DATE OF BIRTH <b>July 21, 1880</b>	
9. AGE (in years last birthday) <b>72</b>		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>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Evonia, Missouri 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Cook</b>		13b. MOTHER'S MAIDEN NAME <b>Emeline Yates</b>		14. NAME OF HUSBAND OR WIFE <b>Dennis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>T. J. Golden 1720 Belle, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b> ANTECEDENT CAUSES <b>Cerebral accident</b> 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 <b>3 days</b> <b>8 days</b>	
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 <b>5-2, 1953</b> , to <b>5-10, 1953</b> , that I last saw the deceased alive on <b>5-10, 1953</b> , and that death occurred at <b>9:05 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Clemens C. Shannon M.D.</b>				23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>5-11-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/12/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Plattsburg, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>May 14, 1953</b>		REGISTRAR'S SIGNATURE <b>Walter M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heaton-Brown Funeral Home St. Joseph, Mo.</b>			

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 11th St. St. Joseph, 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.