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FILED AUG 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23767

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 252

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 35yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): x

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville 0013 0
d. STREET ADDRESS (If rural, give location): 410 W. Michigan

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Alex
c. (Last): Golden

4. DATE OF DEATH (Month) (Day) (Year): 7/24/53

5. SEX: male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 7, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 4, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Knox County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Perry Golden
13b. MOTHER'S MAIDEN NAME: Eliza Shirkey
14. NAME ~~OF HUSBAND OR~~ WIFE: Julia Bower Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Alex Golden, Kirksville, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary occlusion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/6/53, 19__, *to* 7/23/53, 19__, *that I last saw the deceased alive on* 7/23/53, 19__, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H K Seemans 2 D.O.
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: 7/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-26-53
24c. NAME OF CEMETERY OR CREMATORY: Maple Hills
24d. LOCATION (City, town, or county) (State): Kirksville, Mo.

DATE REC'D BY LOCAL REG.: 8-6-53
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Randolph Davis, Kirksville

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed Geo B Ensley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.