

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

State File No. **2818**

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0711**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley 0910 | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY OR TOWN Doniphan | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 6 Weeks | | e. STREET ADDRESS (If rural, give location) Route #2 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2002 South 9th st. | | | |

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|---|----------------------------------|---|--------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) ORVILLE b. (Middle) T. c. (Last) GOLATHER | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1954 | |
| 5. SEX MALE 0 | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced | 8. DATE OF BIRTH 2-11-1882 |
| 9. AGE (In years last birthday) 71 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | |
| 11. BIRTHPLACE (City and State or Foreign Country) Graham, Texas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farm | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME Prentiss Golather | | 13b. MOTHER'S MAIDEN NAME Elizabeth Gaudle | | 14. NAME OF HUSBAND OR WIFE unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW#1 | | 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Ridge, 2002 S. 9th st. | |

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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation | | | 3 days |
| | DUE TO (c) Chr myocarditis | | | 3-4 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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? 4222 | |

22. I hereby certify that I attended the deceased from **1/13, 1954**, to **1/17, 1954**, that I last saw the deceased alive on **1/17, 1954**, and that death occurred at **4p.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE J. Schindewolf M.D. | | 23b. ADDRESS 2026 So 9th St | | 23c. DATE SIGNED 1/22/54 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 1-20-54 | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Doniphan, Mo. | |
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| DATE REC'D BY LOCAL REG. JAN 23 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edwards F.H., Doniphan, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1954

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.