

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7863

State File No.
Registrar's No. 224

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foplar Bluff | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fisk | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital | | d. STREET ADDRESS (If rural, give location) 0120 / | |

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|-------------------------------------|--------------------------|--------------------------|------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Jackie | b. (Middle) Leroy | c. (Last) Goldschmidt | 4. DATE OF DEATH (Month) (Day) (Year) Mar 26 1954 |
|-------------------------------------|--------------------------|--------------------------|------------------------------|---|

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|--------------------|-------------------------------|--|--------------------------------------|--|---------------------------------|--------------------------------|------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant | 8. DATE OF BIRTH July 18 1953 | 9. AGE (In years last birthday) 8 | IF UNDER 1 YEAR Months 8 | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|--|--------------------------------------|--|---------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME A.L. Goldschmidt | 13b. MOTHER'S MAIDEN NAME Dorothy Mc Broom | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME A.L. Goldschmidt | ADDRESS Fisk Missouri |
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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, assthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 8 Mo. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease (Circumferential Complex) | | |
| | 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 - PI | | 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 7544 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **July 1953**, to **Mar 26, 1954**, that I last saw the deceased alive on **Mar 26, 1954**, and that death occurred at **2:40 p.m.**, from the causes and on the date stated above.

| | | | |
|---|-------------------|--------------------------------------|---------------------------------|
| 23a. SIGNATURE J. W. Florida, M.D. | (Degree or title) | 23b. ADDRESS Poplar Bluff Mo. | 23c. DATE SIGNED 3-27-54 |
|---|-------------------|--------------------------------------|---------------------------------|

| | | | |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/28/54 | 24c. NAME OF CEMETERY OR CREMATORY Ash Hill | 24d. LOCATION (City, town, or county) (State) Butler County MO. |
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|---|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. 3/30/54 | REGISTRAR'S SIGNATURE D. D. Mitchell | 25. FUNERAL DIRECTOR'S SIGNATURE Fisk Funeral Home | ADDRESS Naylor, MO. |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
APR 5 - 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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

Dwight C. McCord

Licensed Embalmer No. *40,79*

P. O. Address *Neyles, 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.