

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8069**  
**1127**

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>7 days</b>	c. CITY OR TOWN <b>Richmond</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>		STREET ADDRESS (If rural, give location) <b>212 N. College</b>	

3. NAME OF DECEASED a. (First) <b>Golda</b> b. (Middle) <b>A.</b> c. (Last) <b>Alder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 12 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Jan 4, 1886</b>		9. AGE (in years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Mo</b>	
13a. FATHER'S NAME <b>W. G. Griffey</b>		13b. MOTHER'S MAIDEN NAME <b>Susanna Riggs</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased Harley E. Alder</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-38-1839</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Vernon G. Alder</b> ADDRESS <b>Richmond Mo</b>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</b>		<b>unknown</b>	
		DUE TO (c) <b>Congestive failure</b>		<b>4200</b> <b>2 mo.</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) (Min.)		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 **March 5, 1955**, to **March 12, 1955**, that I last saw the deceased alive on **March 12, 1955**, and that death occurred at **12:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Alexander Shifrin</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>701 E. 637, K.C., Mo.</b>		23c. DATE SIGNED <b>3/12/55</b>	
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24a. BURIAL, CREMATION, REMOVAL <b>Menorah Hospital</b>		24b. DATE <b>Mar 15, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunny Slope</b>	
				24d. LOCATION (City, town, or county) (State) <b>Richmond, Mo</b>	

DATE REC'D BY LOCAL REG. <b>3-13-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Thurman</b> ADDRESS <b>Richmond, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*J. H. Thomas*

Licensed Embalmer No. *2077*

P. O. Address *Richmond*

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.