

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12877

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Phelps

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Phelps

b. CITY (If outside corporate limits, write RURAL and give township) Rural - Cold Spring

c. CITY OR TOWN Rural

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home 15 mi North Salem

e. STREET ADDRESS (If rural, give location) Rural 15 mi North Salem 0810

3. NAME OF DECEASED
a. (First) Alfred b. (Middle) H. c. (Last) Golden

4. DATE OF DEATH (Month) (Day) (Year)
4-12-1955

5. SEX Male Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 25-1865

9. AGE (In years last birthday) 90
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and State or Foreign Country) Unknown 9

12. CITIZEN OF WHAT COUNTRY? Us.

13a. FATHER'S NAME John Golden

13b. MOTHER'S MAIDEN NAME Martha H. Work

14. NAME OF HUSBAND OR WIFE Angeline Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
X

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Angeline Golden Salem Mo. Rr 2

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Intercostal Neptreticis
ANTECEDENT CAUSES
Ch. Arthritis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Ch. Cholelithiasis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Amnesia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
no

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
584 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no

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 19 46 to 4-12-1955, that I last saw the deceased alive on 4-12-1955, and that death occurred at 11.30 p.m. from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)

23b. ADDRESS [Signature]

23c. DATE SIGNED 4-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-16-55

24c. NAME OF CEMETERY OR CREMATORY Morrison

24d. LOCATION (City, town, or county) (State) Dent County Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Apr. 18, 1955 Nadine L. Stoll

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward F. [Signature] [Address]

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

8:10

Date Filed APR 27 1959

VS DEC 1959

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 Edward J. ...

Licensed Embalmer No. 4512

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.