

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8631

BIRTH NO. _____		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 5418		Registrar's No. 9			
1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 2 Malden mo		c. LENGTH OF STAY (in this place) 50 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. 2		d. STREET ADDRESS (If rural, give location) Rt. 2 Malden, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION COTTON HILL TWP.				d. STREET ADDRESS (If rural, give location) Rt. 2 Malden, Mo.					
3. NAME OF DECEASED (Type or Print) JOHN RILEY		a. (First)		b. (Middle)		c. (Last) GOLDEN			
4. DATE OF DEATH MARCH 13-1956		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED			
8. DATE OF BIRTH Jan. 28, 1865		9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Sam Golden			
13a. FATHER'S NAME Sam Golden		13b. MOTHER'S MAIDEN NAME Annie Marshall		14. NAME OF HUSBAND OR WIFE Betty Wimberley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nora Gaither		18. ADDRESS Rt. 2 Malden, Mo.		19. INTERVAL BETWEEN ONSET AND DEATH 19 days			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis, Generalized				INTERVAL BETWEEN ONSET AND DEATH 19 days 10 years 15 years	
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)			
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) (Minute) 4:20			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 4:20		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 9 Jan. 1956 to 13 Mar. 1956, that I last saw the deceased alive on 12 Mar. 1956, and that death occurred at 9:45 pm., from the causes and on the date stated above.			
22. I hereby certify that I attended the deceased from 9 Jan. 1956 to 13 Mar. 1956, that I last saw the deceased alive on 12 Mar. 1956, and that death occurred at 9:45 pm., from the causes and on the date stated above.		23a. SIGNATURE Charles S. Williams M.D.		23b. ADDRESS Malden, Missouri		23c. DATE SIGNED 14 Mar 56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-1956		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Malden, Mo.			
DATE REC'D BY LOCAL REG. 3-16-56		REGISTRAR'S SIGNATURE J. J. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE Day Funeral Home		ADDRESS Malden, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

10-48

57-0

MAR 23 1955

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-21-55
COUNTY FILE NUMBER 356-...

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

J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Maeden

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.