

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

109

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBETT Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN PIERCE CITY Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SCROBBINS HOME		d. STREET ADDRESS ELM ST (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle ELIZABETH Last GOLUBSKI		4. DATE OF DEATH Month 1 Day 19 Year 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-11-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months 2 Days 8 IF UNDER 24 HRS.: Hours 0 Min.
11. BIRTHPLACE (City and state or country) BARRY COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME PETER JASTER		14. MOTHER'S MAIDEN NAME NOT KNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MRS WILLARD MORGAN PIERCE CITY
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) 331X			INTERVAL BETWEEN ONSET AND DEATH 2 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5-6-48 to 1-19-58 and last saw her alive on 1-18-58 Death occurred at 1:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles Moore D.O.		22b. ADDRESS Pierce City Mo.	22c. DATE SIGNED 1-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-21-1958	23c. NAME OF CEMETERY OR CREMATORY ST PETERS PAULS	23d. LOCATION (City, town, or county) (State) PIASKIFIELD MO
24. FUNERAL DIRECTOR ADDRESS WILKS BROS PIERCE CITY MO		25. DATE RECD. BY LOCAL REG. 1-30-58	26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

BARRY COUNTY HEALTH DEPARTMENT
CASSVILLE, MO.

NO. 258-31

DATE REC. 2-3-58

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, Edwin Wilks, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 41

P. O. Address Pierce Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.