

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039056
STATE FILE NUMBER

FILED DEC 15 1958
XC-537966
REG.#17638

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 682

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HOLCOMB		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL 1 DAY		Length of stay in 1b	d. STREET ADDRESS NONE (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALBERT Middle WESLEY Last GOLDSMITH			4. DATE OF DEATH NOVEMBER 30, 1958 Month NOVEMBER Day 30 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/15/86	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBER INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY LUMBER	11. BIRTHPLACE (City and state or country) ST. FRANCIS, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE W. GOLDSMITH		13b. MOTHER'S MAIDEN NAME NANCY WHITAKER		14. NAME OF HUSBAND OR WIFE MINNIE GOLDSMITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		
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, ACUTE, LEFT.					INTERVAL BETWEEN ONSET AND DEATH 1 to 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIAL HYPERTENSION, CHRONIC.					UNKNOWN
DUE TO (c) CARDIOVASCULAR RENAL DISEASE, CHRONIC.					UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMONIA, ACUTE, LOBAR, LOWER LEFT.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 Nov. 29, 1958 to Nov. 30, 1958 and last saw her alive on Nov. 30, 1958 Death occurred at 3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. LESTER HARBELL, M.D., Actg. Pathologist, VAH., Poplar Bluff, Mo.			22b. ADDRESS		22c. DATE SIGNED 12/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	Dec. 1, 1958	Stanfield Cemetery		Clarkton, Missouri, Rte. 1	
24. FUNERAL DIRECTOR ADDRESS Landess Funeral Home, Campbell, Mo		25. DATE RECD. BY LOCAL REG. 12/6/58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

BUTLER CO. HEALTH CENTER

FILE No. _____

DEC 16 1956

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 *Christine M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell*

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.

FILE NO.