MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Dr. Dickinson

63-035550

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 131

FILED OCT 14 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0275
2 0275
3 2
4 0
5 3
6
7 0
8 2
9 4201
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11
12 90-3
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville — Length of stay in 1b: 32 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 905 Main — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cooper
c. CITY OR TOWN: Boonville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 905 Main — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle FRANCIS Last GOLDEN JR.

4. DATE OF DEATH: Month October Day 6, Year 1963

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 12/4/30
9. AGE (last birthday): 32 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): welder
10b. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (City and state or country): Boonville, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John F. Golden
13b. MOTHER'S MAIDEN NAME: Dubra Arnold
14. NAME OF HUSBAND OR WIFE: Betty L. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of servi 2 mo.
16. SOCIAL SECURITY NO.
17. INFORMANT: John F. Golden Address: Boonville, 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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?
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): Asthma
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 No attendance and last saw her/him alive on
Death occurred at about 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. L. Dickinson Md Coroner
22b. ADDRESS: Boonville Mo
22c. DATE SIGNED: 10/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/9/63
23c. NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery
23d. LOCATION (City, town, or county) (State): RFD Tipton, Missouri

24. FUNERAL DIRECTOR: B. W. Thacher ADDRESS: Boonville, Mo.
25. DATE RECD. BY LOCAL REG.: 10/7/63
26. REGISTRAR'S SIGNATURE: D. L. Hooper

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1963

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 Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville

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.