

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

63-045485

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **12152**

FILED DEC 12 1963

DO NOT WRITE ON THIS STUB AMENDED

|                     |              |      |            |          |                       |             |                 |
|---------------------|--------------|------|------------|----------|-----------------------|-------------|-----------------|
| VS 300<br>Rev. 4/59 | DATE AMENDED |      | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | SHOULD READ | BY AFFIDAVIT OF |
| 1                   |              |      |            |          |                       |             |                 |
| 2                   |              | 1110 |            |          |                       |             |                 |
| 3                   |              |      |            |          |                       |             |                 |
| 4                   |              | 0    |            |          |                       |             |                 |
| 5                   |              | 1    |            |          |                       |             |                 |
| 6                   |              |      |            |          |                       |             |                 |
| 7                   |              | 0    |            |          |                       |             |                 |
| 8                   |              | 1    |            |          |                       |             |                 |
| 9                   |              |      |            |          |                       |             |                 |
| 10                  |              |      |            |          |                       |             |                 |
| 11                  |              |      |            |          |                       |             |                 |
| 12                  |              | 59-0 |            |          |                       |             |                 |
| 13                  |              |      |            |          |                       |             |                 |
| 59                  |              |      |            |          |                       |             |                 |

|                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                      |                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                  |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>                             |                                                                         |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                                                                                                                                                                                                                           |                                                                                                           | Length of stay in 1b                                                                                                                                                 | c. CITY OR TOWN <b>Hirman</b>                                           |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>                                                                                                                                                                                                                                                  |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                 | d. STREET ADDRESS (If outside, give location)<br><b>Hirman</b>          |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Fred</b> Middle <b>Golden</b> Last <b>Golden</b>                                                                                                                                                                                                             |                                                                                                           | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>6</b> Year <b>1963</b>                                                                                              |                                                                         |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE<br><b>White</b>                                                                          | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>10/20/1880</b>                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>                                                                                                                                                                                                   |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Saw Mill</b>                                                                                                                 | 9. AGE (last birthday)<br><b>83</b>                                     |
| 11. BIRTHPLACE (City and state or country)<br><b>Bruno, Mo.</b>                                                                                                                                                                                                                                                 |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b>                                                                                                                           |                                                                         |
| 13a. FATHER'S NAME<br><b>Plaz Golden</b>                                                                                                                                                                                                                                                                        |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><b>Katherine Stevens</b>                                                                                                                |                                                                         |
| 14. NAME OF HUSBAND OR WIFE<br><b>Frankie</b>                                                                                                                                                                                                                                                                   |                                                                                                           | 17. INFORMANT<br><b>Earl Miller, 4617 Shenandoah Ave.</b>                                                                                                            |                                                                         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                                                                        |                                                                                                           | 16. SOCIAL SECURITY NO.                                                                                                                                              |                                                                         |
| 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of Hard Palate</b><br>DUE TO (b) <b>-</b><br>DUE TO (c) <b>144x</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           |                                                                                                                                                                      |                                                                         |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Melanoses to eye and brain</b>                                                                                                                                          |                                                                                                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                         |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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 <b>12-1-63</b> to <b>12-6-63</b> and last saw her/him alive on <b>12-6-63</b><br>Death occurred at <b>9:06 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                           |                                                                                                           |                                                                                                                                                                      |                                                                         |
| 22a. SIGNATURE (Degree or title)<br><b>J. Lynn Krause M.D.</b>                                                                                                                                                                                                                                                  |                                                                                                           | 22b. ADDRESS<br><b>457 N. Kingshighway</b>                                                                                                                           |                                                                         |
| 22c. DATE SIGNED<br><b>12-9-63</b>                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                                                                      |                                                                         |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                     | 23b. DATE<br><b>12-10-63</b>                                                                              | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Pisagh Cemetery</b>                                                                                                     | 23d. LOCATION (City, town, or county) (State)<br><b>Greenville, Mo.</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Gish Funeral Home, Piedmont, Mo.</b>                                                                                                                                                                                                                                         |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 9 1963</b>                                                                                                                    | 26. REGISTRAR'S SIGNATURE<br><b>Roal Smith, M.D.</b>                    |

USE BLACK INK OR TYPEWRITER RIBBON

781610-007

**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 Harvey E. Kable

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

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.