

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28861  
Registrar's No. 47

Registration District No. 561

Primary Registration District No. 4330

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Eldon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Julia Opal Golden

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 3 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 9 15 hr. min.

9. Birthplace Marys Home  Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Ollie Golden Missouri

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Rosalée Jenkins  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Golden

(b) Address Kirkwood, Missouri

17. (a) Burial (b) Date thereof 8-19-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Spring Garden

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 8-19-41 (b) Belle Haynes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
(c) City or town Eldon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month August day 17  
year 1941 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 1939 to Aug 17 1941  
that I last saw her alive on Aug 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast  
Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James D. Allen (M. D. or other) MD  
Address Eldon Mo Date signed 8-19-41

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

FATHER  
MOTHER

RECEIVED  
Miller County Health Dept  
County File Number 41-90  
Date Filed 9/17/41

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed

*Louis D. Phillips*

Licensed Embalmer No. 3663

P.O. Address Eldon

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, above space should be left blank.