

STANDARD CERTIFICATE OF DEATH

State File No. **40424**

Registration District No. **16**

Primary Registration District No. **5075**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Barton**  
(b) City or town **Golden City Rural Golden City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Twp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **46 yrs.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**  
(c) City or town **Golden City Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LULA NICHOLS HEATH**

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 **Married**  
6. (b) Name of husband or wife **Joseph Howard Heath** 6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **September 23, 1883**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **2** Days **23** If less than one day hr. min.

9. Birthplace **Nodaway Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **Leonard Nichols**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Davis**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J.H. Heath**  
(b) Address **Golden City, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 21, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **L.O.O.F. Cem. Golden City, Mo.**

18. (a) Signature of funeral director **Phillips Funeral Home**  
(b) Address **Golden City, Mo.**

19. (a) **Dec 19-1945** (b) **Hazel H. Rugh**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec 16** day \_\_\_\_\_ year **1945** hour **5** minute **50** M.  
21. I hereby certify that I attended the deceased from **Dec 13** 19**45** to **Dec 16** 19**45** that I last saw her alive on **Dec 13** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis - probably chronic** Duration **about 4 days**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

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

23. Signature **J.M. Brooks** (M. D. or other) \_\_\_\_\_  
Address **Golden City Mo** Date signed **Dec 19-45**

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

RECEIVED

District Health Officer No. 6;

District File Number 146-44

Date Filed JAN 9 1946

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*H. F. Pugh*  
.....  
Licensed Embalmer No. 3278

P. O. Address Golden City, 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 this body is not embalmed, fact should be so stated above.**