No. 300
10-48

600

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

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7648

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5782 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Shawnee
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Neeley's Landing Mo R 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Shawnee
d. STREET ADDRESS (If rural, give location): Neeley's Landing Mo R #1

3. NAME OF DECEASED (Type or Print)
a. (First): Addie
b. (Middle): Mae
(Last): Golden

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 12 1886
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Perry County
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Joe Smith
13b. MOTHER'S MAIDEN NAME: Minnie Strickland
14. NAME OF HUSBAND OR WIFE: Louis Hy Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Louis Hy Golden
ADDRESS: Neeley's Landing

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

47 27

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 2, 1949, *to* March 3rd, 1949, *that I last saw the deceased alive on* March 2nd, 1949, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Theodore Fischer (Degree or title): O.M.D.
23b. ADDRESS: Altenburg, Mo.
23c. DATE SIGNED: 3/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/6/49
24c. NAME OF CEMETERY OR CREMATORY: High Hill Cemetery
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo

DATE REC'D BY LOCAL REG.: Mar 6-49
REGISTRAR'S SIGNATURE: D. G. [illegible] 43
FUNERAL DIRECTOR'S SIGNATURE: McCombs & Hilo
ADDRESS: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 349-3

3-18-4

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 .....
Student Embalmer

Signed B A Meyer

Licensed Embalmer No. 3061

P. O. Address Jackson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.