

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16800**

FILED MAY 21 1949

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>6</u>	
c. LENGTH OF STAY (in this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>313 W. 7th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Howard</u>	b. (Middle) <u>Wesley</u>	c. (Last) <u>Golden</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Howard</u>	<u>Wesley</u>	<u>Golden</u>	<u>May 10 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov-19-1881</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR <u>5</u> Months <u>21</u> Days	IF UNDER 24 HRS. <u>21</u> Hours <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Urbana, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Howard Golden</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret O'Brien</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Golden</u>
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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. <u>702-16-3855</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Margaret Golden</u>	ADDRESS <u>Sedalia</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Acute Suppression of Urine.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart Disease.</u> DUE TO (c) <u>ArterioSclerosis.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None other.</u>		<u>443X</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from over 5 yrs, 19 to May 10th, 1949, that I last saw the deceased alive on May 10th, 1949, and that death occurred at 9:40 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>	23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>5-II-49.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-13-49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>251 McLaughlin Bros</u>	ADDRESS <u>Sedalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

80
20
X

MAY 1 6 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-19-49

MAY 24 1949

MAY 2 1950

JUN 3 1950

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.

Signed KPM Leary

Signed.....
Student Embalmer

Licensed Embalmer No. 315B

P. O. Address Sedalia 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.