

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19552  
State File No. 2500

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Alba, Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neurological Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>M.</b> c. (Last) <b>Gold</b>			4. DATE OF DEATH <b>June 9, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 17, 1881</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Month <b>10</b> Day <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Methodist</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
13a. FATHER'S NAME <b>Zacaria Gold</b>			13b. MOTHER'S MAIDEN NAME <b>Ella Elkins</b>		14. NAME OF HUSBAND OR WIFE <b>Daisy Gold</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Galdwin Gold Goodman, Missouri</b>		
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Oedema</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sinus Infection</b> DUE TO (c) <b>General Toxæmia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>513X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-5**, 1949, to **6-9**, 1949 that I last saw the deceased alive on **6-8**, 1949, and that death occurred at **2 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. W. Robinson</b> (Degree or title)		23b. ADDRESS <b>2625 W. Passer, K.C., Mo.</b>	23c. DATE SIGNED <b>6-9-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/9/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stalla, Missouri</b>

DATE REC'D BY LOCAL REG. <b>6-9-49</b>	REGISTRAR'S SIGNATURE <b>G. W. Robinson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earp &amp; Sons 4139 Truman Rd. K.C., Mo.</b>
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FEB 27 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.

Student \_\_\_\_\_  
Student Embalmer

Signed *James W. Earp* \_\_\_\_\_

Licensed Embalmer No. *4622*

P. O. Address *K. C., 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.