

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22275

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4499</u>		Registrar's No. <u>59</u>			
1. PLACE OF DEATH a. COUNTY <u>Shelby County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mississippi</u>				b. COUNTY <u>X</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beldoni, Miss.</u>		<u>22</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS <u>X</u>				<u>2</u>	
3. NAME OF DECEASED (Type or Print) <u>Annett Golden</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>6-14-1949</u>				4. DATE (Month) (Day) (Year)					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 5th, 1865</u>			
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>1</u>		IF UNDER 1 YEAR Days <u>9</u>		IF UNDER 24 HRS. Hours <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Macon, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ned Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sandy Smith, Shelbina, Mo.</u>					
15. ADDRESS									
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, asphyxia, etc. It means the disease, injury, or complication which caused death.									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High blood pressure</u>						<u>Unknown</u>			
DUE TO (c) <u>Chronic nephritis</u>						<u>Unknown</u>			
II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>1201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>June 13, 1949</u> , to <u>June 14, 1949</u> , that I last saw the deceased alive on <u>June 13, 1949</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. L. Caldwell, D.O.</u>				23b. ADDRESS <u>Shelbina, Mo.</u>		23c. DATE SIGNED <u>June 18-</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo. 49</u>			
DATE REC'D BY LOCAL REG. <u>June 18-49</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Million &amp; Barklew</u>		ADDRESS <u>Shelbina, Mo.</u>			

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

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RECEIVED

District Health Officer No.

District File Number 6-49-1

Filed JUN 20 1949

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

*O. V. Hawkins*

Licensed Embalmer No.

3498

P. O. Address

*Shelburne, N.Y.*

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.