

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1950

4225 State File No. ....  
52 Registrar's No. ....

No. 390  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5541

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oregon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - North Union Township</u>	
c. LENGTH OF STAY (In this place) <u>6 1/2 months</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles north of Craig, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brown Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarinda</u>	b. (Middle) _____	c. (Last) <u>Golden</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 26, 1857</u>	9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>93</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	11. BIRTHPLACE (State or foreign country) <u>Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Bunge</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ricker</u>	14. NAME OF HUSBAND OR WIFE <u>William M. 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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Golden</u> ADDRESS <u>Craig, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIO-VASCULAR RENAL DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>
	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. <u>442X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 MAR 10, 1950, to JUNE 29, 1950, that I last saw the deceased alive on JUNE 29, 1950, and that death occurred at 1:55 p. m., from the causes and on the date stated above.

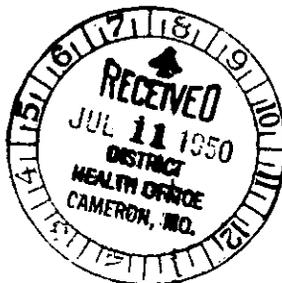
23a. SIGNATURE <u>Howard E. Colbin</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Oregon, Mo.</u>	23c. DATE SIGNED <u>July 1, 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial + Removal</u>	24b. DATE <u>July 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>near Craig Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-5-50</u>	REGISTRAR'S SIGNATURE <u>A. Murray</u>	52. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schooler</u> ADDRESS <u>Craig, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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44



**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 \_\_\_\_\_

*Myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Wilber L. Schooner*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.