

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41260**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5589** Registrar's No. **208**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural- Union Twship		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3, Carthage		d. STREET ADDRESS (If rural, give location) Route 3	

3. NAME OF DECEASED (Type or Print)	a. (First) JERald	b. (Middle) LEROY	c. (Last) GOLDEN	4. DATE OF DEATH (Month) (Day) (Year) Dec 11, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH March 30, 1947	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Lamar, Missouri	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Tom W. Golden	13b. MOTHER'S MAIDEN NAME Myrtle Lowe	14. NAME OF HUSBAND OR WIFE none
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.W. Golden, Rte 3, Carthage, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia (bacterial acute)		
	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.		500 X

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **did not attend**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30a** m., from the causes and on the date stated above.

23a. SIGNATURE W. C. ...	(Degree or title)	23b. ADDRESS Greenwood ...	23c. DATE SIGNED 12-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-12-50	24c. NAME OF CEMETERY OR CREMATORY Jasper Cemetery	24d. LOCATION (City, town, or county) (State) Rte 3, Carthage, Mo
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DATE REC'D BY LOCAL REG. 12-10-50	REGISTRAR'S SIGNATURE R. B. Clifton 139	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-20-50
Jasper County Health Office

County File Number 50-12-922
Date Filed 12-20-50

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 _____

Thos C Rockwood

Student Embalmer No. 383

working under my personal supervision.

Student Thomas C. Rockwood
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.