

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17629

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville, Mo
c. LENGTH OF STAY (in this place) 2 1/2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Putnam
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED
a. (First) Jessie b. (Middle) Madeline c. (Last) Golston
4. DATE OF DEATH (Month) (Day) (Year) April 26 1951

5. SEX F 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH 1900-4-18 9. AGE (In years, Months, Days) 51 0 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Mo. 12. CITIZEN OF WHAT COUNTRY? Country

13a. FATHER'S NAME Alexander Miller 13b. MOTHER'S MAIDEN NAME Annie Wilcox 14. NAME OF HUSBAND OR WIFE Lowell Golston Dec

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. No 17. INFORMANT'S SIGNATURE OR NAME Johnie Golston ADDRESS Worthington Mo.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Permanant Arteriosclerosis
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 2900

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1945, 1944, to April, 1951, that I last saw the deceased alive on April 26 19 51, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. W. Gillman M.D. 23b. ADDRESS Unionville, Mo. 23c. DATE SIGNED 5-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr. 29-1951 24c. NAME OF CEMETERY OR CREMATORY Cincinnati Cem. 24d. LOCATION (City, town, or county) (State) Cincinnati Iowa

DATE REC'D BY LOCAL REG. 5-18-51 REGISTRAR'S SIGNATURE Marcell Durbin 266 25. FUNERAL DIRECTOR'S SIGNATURE H. O. Heusted ADDRESS _____

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

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Date Received: MAY 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-951
Date Filed: MAY 22 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

E. O. Husted

Signed.....
Student Embalmer

Licensed Embalmer No. *2975*

P. O. Address *Waverly, 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.