

FILED SEP 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27792

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 283

1. PLACE OF DEATH a. COUNTY <u>Pettis</u> <u>0804</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia, Missouri</u> <u>0804</u>	
c. LENGTH OF STAY (In this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>1229 S. Stewart</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1229 S. Stewart</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Janey</u> b. (Middle) <u>Goldsmith</u> c. (Last) <u>Goldsmith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 5, 1877</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Lancashire, England</u> <u>4</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Hayhurst</u>	14. NAME OF HUSBAND OR WIFE <u>A. W. Goldsmith</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> <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. W. Goldsmith, Sedalia, Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhages (Three in last two weeks.)</u> INTERVAL BETWEEN ONSET AND DEATH <u>Over 1 year</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart Disease.</u> <u>Over 1 year</u> DUE TO (c) <u>Senility and Arterio Sclerosis.</u> <u>Over 1 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None other.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u> <u>443x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	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) <u>None.</u>	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>over 1 year</u> to <u>August 31st, 1951</u> that I last saw the deceased alive on <u>Aug. 30th, 1951</u> , and that death occurred at <u>12:10 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u> <u>Jno. B. Carlisle M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>8-31-51.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 1, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>9/1/51</u>	REGISTRAR'S SIGNATURE <u>A. Campbell M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thane Ewing</u>	

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

RECEIVED 9-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-11-51 _____

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 P. E. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Bedalia 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.