

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42276**
5600

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 4122 Mercier Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4122 Mercier Street		d. STREET ADDRESS (If rural, give location) 4122 Mercier Street	

3. NAME OF DECEASED (Type or Print) a. (First) EILEEN b. (Middle) W c. (Last) Golding			4. DATE OF DEATH (Month) (Day) (Year) DEC-19-1952
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 31 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Yibbard Missouri	12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME James Hill	13b. MOTHER'S MAIDEN NAME Nacy Upchurch	14. NAME OF HUSBAND OR WIFE George F. Golding
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mary Ellen & Clair ADDRESS 1200 W 48th KCMO
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma		INTERVAL BETWEEN ONSET AND DEATH 174X
	ANTECEDENT CAUSES DUE TO (b) Carcinoma Uterus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 10-1-51	19b. MAJOR FINDINGS OF OPERATION adeno carcinoma uterus	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)	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 **10-2-52** to **12-5-52**, that I last saw the deceased alive on **12-5-52**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. C. Schaeffer (Degree or title) M.D.	23b. ADDRESS 4635 Nyandatte	23c. DATE SIGNED 12-20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-22-52	24c. NAME OF CEMETERY OR CREMATORY mt. moriah	24d. LOCATION (City, town, or county) (State) 1331 Bush City MO
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DATE REC'D BY LOCAL REG. 12-22-52	REGISTRAR'S SIGNATURE Gerald Smith	25. FUNERAL DIRECTOR'S SIGNATURE DW Newcomer-Sons ADDRESS 1331 Bush City MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles H. Sticker

Licensed Embalmer No. 4560

P. O. Address K.P. 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.