S. No. 300
Rev. 10-48

FILED JAN 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

621

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Dorado Spgs
c. LENGTH OF STAY (in this place) 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BULLOCK NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE El Dorado Spgs b. COUNTY Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Dorado Spgs 0201
d. STREET ADDRESS (If rural, give location) West Broadway 0

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) K c. (Last) GOLLEDGE

4. DATE OF DEATH (Month) (Day) (Year) Jan 4, 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Apr. 10, 1870
9. AGE (In years last birthday) 82. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and State or Foreign Country) Newtonville, Ind. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Christian Kramer
13b. MOTHER'S MAIDEN NAME Eva Biedenkalf
14. NAME OF HUSBAND OR WIFE William Golledge

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 VICTOR KRAMER, OKLAHOMA ADDRESS City, OKLA

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 1 yr +
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 4222
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Dec. 19, 1952, *to* Jan. 4, 1953, *that I last saw the deceased alive on* Jan. 4, 1953, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE C H Sunderwirth (Degree or title) DO
23b. ADDRESS El Dorado Spgs. Mo.
23c. DATE SIGNED 1/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/6/53
24c. NAME OF CEMETERY OR CREMATORY Mt Vernon
24d. LOCATION (City, town, or county) Vernon Co (State) Mo

DATE REC'D BY LOCAL REG. 1/6/53
REGISTRAR'S SIGNATURE George W Nafus 418 0
25. FUNERAL DIRECTOR'S SIGNATURE Nafus Funeral Home ADDRESS El Dorado Spgs Mo

JAN. 19, 1953 [signature] (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 Hugh S. Allen

Licensed Embalmer No. 2844

P. O. Address Eldorado Springs

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.