

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13729**  
Registrar's No. **53-49**

BIRTH NO. _____		REG. DIST. NO. <b>93</b>		PRIMARY REG. DIST. NO. <b>5335</b>		Registrar's No. <b>53-49</b>	
1. PLACE OF DEATH a. COUNTY <b>Dade</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Marion Twp.</b>			c. LENGTH OF STAY (in this place) <b>4 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Marion Twp. 0290</b>			d. STREET ADDRESS (If rural, give location) <b>1 3/4 Mi. SE Golden City</b>
3. NAME OF DECEASED (Type or Print)		a. (First) <b>RUTH</b>		b. (Middle) <b>FRANCES</b>		c. (Last) <b>SIDES</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 2, 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Aug. 30, 1861</b>		9. AGE (In years last birthday) <b>91</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Pleasant Gap, Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Curtis Sampson Inman</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Frances Walton</b>		14. NAME OF HUSBAND OR WIFE <b>Daniel E. Sides</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Curtis M. Sides</b>		ADDRESS <b>Golden City, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		ANTECEDENT CAUSES <b>arteriosclerosis</b>				3 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <b>H201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <b>March 19, 1951</b> , to <b>May 1, 1953</b> , that I last saw the deceased alive on <b>May 1, 1953</b> , and that death occurred at <b>5 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Rudolf Knapp M.D.</b>				23b. ADDRESS <b>Golden City, Mo.</b>		23c. DATE SIGNED <b>5/4/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>May 5, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Golden City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-5-53</b>		REGISTRAR'S SIGNATURE <b>J. C. Canale</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Phillips Funeral Home</b>		ADDRESS <b>Golden City, Mo.</b>	

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

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FILED MAY 12 1953

MAY 13 1953

OCT 14 1954

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..... *J. H. Pugh*

Licensed Embalmer No. *3278*

P. O. Address *Golden City, 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.