

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19058

State File No.

300
48

FILED MAY 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>110</u>			
1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u> <u>0923</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u> c. LENGTH OF STAY (in this place) <u>3 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hardin Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u> <u>0923</u> d. STREET ADDRESS (If rural, give location) <u>1307 North Fifth Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eulalia</u> b. (Middle) _____ c. (Last) <u>Golden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1953</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>April 28, 1872</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u> IF UNDER 1 HRS. Hours <u>0</u> Min. _____	
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</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Louis Spinks</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Gates</u>		14. NAME OF HUSBAND OR WIFE <u>John F. Golden</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James P. Golden</u> ADDRESS <u>St. Charles, Mo.</u>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u> ANTECEDENT CAUSES <u>3 decompensations</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Pulmonary tuberculosis (cured)</u> <u>2. Adenoma of thyroid</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>10 yrs</u> <u>15 yrs</u> <u>50 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X A</u>				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) (Min.) _____		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>Jan 1, 1947</u> , to <u>May 8, 1953</u> , that I last saw the deceased alive on <u>May 8, 1953</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>George E. Exler</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>St. Charles, Mo</u>			23c. DATE SIGNED <u>5/9/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Borrowed</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 11 1953</u>		REGISTRAR'S SIGNATURE <u>Francis Schickler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Dalbey</u>		ADDRESS <u>St. Charles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 11 1955

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

Frank R. Amelung

Licensed Embalmer No. *48362*

P. O. Address *St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.