No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. HORTON 35605
State File No.

FILED NOV 9 - 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 994

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE 0370
c. CITY OR TOWN: SPRINGFIELD
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location): 930 E. LOCUST

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): A.
c. (Last): GOLDEN

4. DATE OF DEATH (Month) (Day) (Year): NOV. 1, 1953

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: MARCH 3 1872

9. AGE (In years last birthday): 81 | 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): HOME

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and State or Foreign Country): SPRINGFIELD, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: STICKEY

13b. MOTHER'S MAIDEN NAME: CUNNINGHAM

14. NAME OF HUSBAND OR WIFE: X

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.: NO

17. INFORMANT'S SIGNATURE OR NAME: MARTIN GOLDEN
ADDRESS: SPRINGFIELD, MO.

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) Diabetes Mellitus Severe — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria sclerosis
DUE TO (c) E9040 21

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture, comminuted, displaced, left femur

19a. DATE OF OPERATION: 10/15/53
19b. MAJOR FINDINGS OF OPERATION: Fracture, comminuted, intertrochanteric left femur
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Springfield, (COUNTY) Greene 33 (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 14 53 10:00 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fell down at home.

22. I hereby certify that I attended the deceased from Oct. 14, 1953, to Nov 1, 1953, that I last saw the deceased alive on Oct 31, 1953, and that death occurred at 6:20a m., from the causes and on the date stated above.

23a. SIGNATURE: Ames D. Horton (Degree or title) M.D.
23b. ADDRESS: Springfield
23c. DATE SIGNED: 11/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/3/53
24c. NAME OF CEMETERY OR CREMATORY: ST. MARY CEMETERY
24d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG.: 11-3-53
REGISTRAR'S SIGNATURE: Faith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE: H.H. LOHMEYER
ADDRESS: SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Lucien T. Swadley

Licensed Embalmer No. 481

P. O. Address Spring

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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