

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

100-36298
State File No. 100-36298
Registrar's No. 4244

FILED OCT 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4244</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived.) If institution: residence before admission. a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carterville</u>		c. LENGTH OF STAY (in this place) <u>15yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Carterville</u>		d. STREET ADDRESS (If rural, give location) <u>714 West Main St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>714 West Main St.</u>			d. STREET ADDRESS (If rural, give location) <u>714 West Main St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GOLDEN</u> b. (Middle) <u>D.</u> c. (Last) <u>MARTSOLF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 19, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 26, 1878</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR <u>11</u> Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture Repairman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>	11. BIRTHPLACE (State or foreign country) <u>Webb City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Bell Martsolf</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Bell Martsolf</u> ADDRESS <u>Carterville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>
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 <u>(did not attend)</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7AM</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Keenan</u> (Degree or title) <u>3rd Jasper County</u>			23b. ADDRESS <u>First Nat'l Bldg. Joplin Mo</u>		23c. DATE SIGNED <u>10/21/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>10-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-21-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline O. Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> ADDRESS <u>Webb City, Missouri</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED OCT 26 1953

Jasper County Health Office

County File Number 53-10-860

Date Filed OCT 26 1953

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

Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City Mo

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.