

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44855

State File No.

FILED JAN 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4478</u>		Registrar's No. <u>34</u>		
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lancaster</u>		c. LENGTH OF STAY (in this place) <u>94 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lancaster</u>		0980		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAYINIA</u>		b. (Middle) _____		c. (Last) <u>Mc Goldrick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 25-1953</u>		
5. SEX <u>7</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan 12, 1859</u>		9. AGE (In years last birthday) <u>94</u>	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) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	0	
13a. FATHER'S NAME <u>John Mc Goldrick</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Leadon</u>		14. NAME OF HUSBAND OR WIFE <u>1</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>Christine Burch Lancaster</u>				ADDRESS <u>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			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bladder hemorrhages for 5 months</u> DUE TO (c) <u>Probable carcinoma of bladder</u>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sensibility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>181X</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) _____ 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 <u>1928</u> , 19 <u>28</u> , to <u>Dec. 25, 1953</u> , that I last saw the deceased alive on <u>Dec. 24, 1953</u> , and that death occurred at <u>1:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John M. Newton, M.D.</u>				23b. ADDRESS <u>20 Lancaster, Mo</u>		23c. DATE SIGNED <u>Dec 26, 53</u>		
24a. BURIAL, REMOTION, REMOVAL (Specify)		24b. DATE <u>Dec 27, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>2007 Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 26-53</u>		REGISTRAR'S SIGNATURE <u>353</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett R Head</u>		ADDRESS <u>Lancaster, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address Lancaster 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.