

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 24 1954

BIRTH NO. .... REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3098 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville</u>	c. LENGTH OF STAY (in this place) <u>1 wk</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Conway</u> <u>9140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Gold</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7-1954</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 14-1878</u>
9. AGE (In years last birthday) <u>75</u> <u>8</u> <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer own</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Gold</u>	13b. MOTHER'S MAIDEN NAME <u>Emaline Jacobs - Inen</u>	14. NAME OF HUSBAND OR WIFE <u>Gold -</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Melvin Davis Conway</u>
		ADDRESS <u>Conway</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cerebro -</u> <u>Vascular disease</u> DUE TO (c) <u>16 yrs</u>		
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 <u>443 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 May 1, 1954, to May 7, 1954, that I last saw the deceased alive on May 7, 1954, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Jones M.D.</u>	(Degree or title)	23b. ADDRESS <u>Marionville Mo</u>	23c. DATE SIGNED <u>5-19-54</u>
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24a. BURIAL, CREMATION, REMOVAL (By City)	24b. DATE <u>May 10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tenox Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Tenox Iowa</u>
DATE REC'D BY LOCAL REG. <u>5-22-54</u>	REGISTRAR'S SIGNATURE <u>Beas Holt</u> <u>229</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Helton</u>	
		ADDRESS <u>Bedford</u>	

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

**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 S. Lutz*

Licensed Embalmer No. 4517

P. O. Address Bedford, Iowa

**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.