

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22432

State File No.

BIRTH NO. REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4121 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Billings</u>		c. LENGTH OF STAY (In this place) <u>17 Yrs.</u>	c. CITY OR TOWN <u>Billings</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		e. STREET ADDRESS (If rural, give location) <u>No Street Address</u> 0220 0	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELMER</u>	b. (Middle) <u>M.</u>	c. (Last) <u>GOLD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 16-1954</u>
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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>Aug. 19-1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Lawman & Night Watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Deputy Sheriff</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Billings, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Silas Gold</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Hale</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Emmon Pearce</u>
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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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. M. Emmon Gold, Billings, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decomp. hypertensive heart disease</u> DUE TO (c) <u>Arteriosclerosis</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct. 17, 1957, to July 16, 1957, that I last saw the deceased alive on July 16, 1957, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Marshall, D.O.</u> (Degree or title)	23b. ADDRESS <u>Billings, Mo.</u>	23c. DATE SIGNED <u>July 17, 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-18-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Billings, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-18-1954</u>	REGISTRAR'S SIGNATURE <u>Olive Hutter</u> 508-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Harris, Clever, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

220

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.....
Signature of Student Embalmer

Signed.....
John Alean Harris

Licensed Embalmer No.....
4390

P. O. Address.....
Cleveland, N.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.