

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31194

BIRTH NO. _____		REG. DIST. NO. <u>191</u>		PRIMARY REG. DIST. NO. <u>5701</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Livingston</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Livingston</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Livingston</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Livingston</u>		c. LENGTH OF STAY (in this place) <u>90</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, Monroe Center Twn.</u>		d. STREET ADDRESS (If rural, give location) <u>0 0 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carol</u>		b. (Middle) <u>June</u>		c. (Last) <u>Goll</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 21, 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Feb. 14, 1935</u>		9. AGE (In years last birthday) <u>19 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		11. BIRTHPLACE (State or foreign country) <u>Braymer, RFD</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nurse training</u>		11. BIRTHPLACE (State or foreign country) <u>Braymer, RFD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Noah Goll</u>		13b. MOTHER'S MAIDEN NAME <u>Mae Welker</u>		14. NAME OF HUSBAND OR WIFE <u>single</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>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Noah Goll</u>		ADDRESS <u>Braymer, 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, asthenia, 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 Contusion, Severe Instant</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Fracture Skull-occipital region Instant</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				E.P. 2-1 31	
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 type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi way</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe Livingston Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Aug 21 54 12 42 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car hit Bridge on Hi way 36</u>			
22. I hereby certify that I attended the deceased from <u>Monroe, Mo.</u> , to <u>Monroe, Mo.</u> , 19 <u>54</u> , that I last saw the deceased <u>live on Aug 21</u> , 1954, and that death occurred at <u>12:15 a.m.</u> from the causes and on the date stated above.							
22a. SIGNATURE <u>Joseph A. Conrad M.D.</u>				(Degree or title) <u>coroner</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-23-54</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Phares Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Braymer, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-21-1954</u>		REGISTRAR'S SIGNATURE <u>Leola L. Owing</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mead's Funeral Service B.F.M.</u>		ADDRESS <u>Braymer, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Card 20540

**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

*Bernard F. Meach*

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

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.