

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31448

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5968 Registrar's No. 107

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Polk</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Halfway</u> | c. LENGTH OF STAY (In this place)<br><u>Life</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Halfway</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>H. M. D. of Halfway</u>                  |  | d. STREET ADDRESS (If rural, give location)<br><u>4 Mc South of Halfway</u>   |  |

|   |   |   |   |  |
|---|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Ross</u> b. (Middle) <u>Shelburn</u> c. (Last) <u>Goldsberry</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Mar 20 1954</u> |   |   |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>wh</u>                                  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>        | 8. DATE OF BIRTH<br><u>Mar 25 1897</u>    | 9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u> IF UNDER 6 Wks. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><u>Farmer</u>               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>         | 11. BIRTHPLACE (City and State) or Foreign Country<br><u>Halfway Polk Co Mo</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |  |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><u>L. M. Goldsberry</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Alberta Myrtle Goldsberry</u> | 14. NAME OF HUSBAN, OR WIFE<br><u>Mrs. Myrtle Goldsberry</u>       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>                     | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Myrtle Goldsberry</u> |

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br><u>Coronary Occlusion</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Instant</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 2. ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|  | 3. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
| 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 Mar 20, 1954 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 3/20, 1954, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

|  |                                  |                                    |
|--|----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>Armon</u> (Design of title)<br><u>Armon County Mo</u> | 23b. ADDRESS<br><u>Galina Mo</u> | 23c. DATE SIGNED<br><u>3/21/54</u> |
|--|----------------------------------|------------------------------------|

|  |                               |  |   |
|--|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Mar 24/54</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>New Bethel Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Near Union Mo</u> |
|--|-------------------------------|--|---|

|  |  |   |  |
|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>Sept 30, 1954</u> | REGISTRAR'S SIGNATURE<br><u>Ralph Gordon</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>James Gordon</u> | ADDRESS<br><u>Corun &amp; Blue Galina Mo</u> |
|--|--|---|--|

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

0850

NOV 1 1958

NOV 14 1958

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 Willard B. Evers

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.