

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1955

State File No. **26169**
3635

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3635</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City,		c. LENGTH OF STAY (in this place) 60 Yrs		c. CITY OR TOWN Kansas City		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 916 East 27 St				e. STREET ADDRESS (If rural, give location) 43 916 East 27 St.		342 6	
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) C c. (Last) Golding			4. DATE OF DEATH (Month) (Day) (Year) Aug, 15 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH July 26 1882		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sherriff		10b. KIND OF BUSINESS OR INDUSTRY Jackson County		11. BIRTHPLACE (City and State or Foreign Country) Bedford Iowa		12. CITIZEN OF WHAT COUNTRY? Usa	
13a. FATHER'S NAME Noah W. Golding		13b. MOTHER'S MAIDEN NAME Luoretia Medford		14. NAME OF HUSBAND OR WIFE Nellie Golding			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 486-36-4003		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Murphy Fontana, California			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation & Chronic myocardi-tis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe laryngitis				INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 4:0X 6 mos.	
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) 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>June</u> , 19 <u>46</u> , to <u>Aug. 15.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 14.</u> , 19 <u>55</u> , and that death occurred at <u>a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Jas. W. Graham (Degree or title) M. D.				23b. ADDRESS 518 Argyle Bldg.		23c. DATE SIGNED 8-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 18 1955	24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 8-18-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L.Forster Funeral Home K.C. Mo.			

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

100
Mar 5 1976

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 *Raymond H. Lotman*
Licensed Embalmer No. 42

P. O. Address *Pinellas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.