

FILED DEC 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 35902

059

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

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5055 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Qual Cape Creek</u>		c. LENGTH OF STAY (in this place) <u>44 years</u>	c. CITY OR TOWN <u>Purdy #2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>2057</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>		b. (Middle) <u>MARIAM</u>	
		c. (Last) <u>GOLUBSKI</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mo</u> <u>30</u> <u>1955</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH (Month) (Day) (Year) <u>Nov 23, 1893</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>62</u> <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Pete Gaiter</u>		13b. MOTHER'S MAIDEN NAME <u>May D. Stapp</u>	
14. NAME OF HUSBAND OR WIFE <u>Joe F. Golubski</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>Joe F. Golubski Purdy Mo</u>	
17. ADDRESS <u>Purdy Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic pyelonephritis</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6000</u>			
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 <u>October, 1955</u> to <u>Nov</u> , 1955, that I last saw the deceased alive on <u>Nov. 25, 1955</u> , and that death occurred at <u>4:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Randal T. Ochs, M.D.</u>		23b. ADDRESS <u>Wheaton, Mo.</u>	
23c. DATE SIGNED <u>12/5/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec - 1 - 55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Suburban Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Ms. P. N. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Bros</u>	
ADDRESS <u>513</u>		ADDRESS <u>Purdy Mo</u>	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1255-371

DATE REC. 12-12-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ Edwin Wilks..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 412

P. O. Address Jena City

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