

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41376**

FILED DEC 21 1955

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| BIRTH NO. _____ | | REG. DIST. NO. 210 | | PRIMARY REG. DIST. NO. 5772 | | Registrar's No. 79 | |
| 1. PLACE OF DEATH a. COUNTY Mercer | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Mercer | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Medicine Twp. | | c. LENGTH OF STAY (In this place) Life | | c. CITY OR TOWN Spickard, Mo. | | d. Is 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) 0650 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lor | | b. (Middle) | | c. (Last) Golden | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1955 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 3, 1877 | |
| 9. AGE (In years last birthday) 78 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 WKS. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Henry Golden | | 13b. MOTHER'S MAIDEN NAME Sarah Martin | | 14. NAME OF HUSBAND OR WIFE Edith Golden | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Golden Spickard, Mo. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid colon 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. 153X | | | | INTERVAL BETWEEN ONSET AND DEATH 6200 | |
| 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 9/11, 1955 to 12/11, 1955 that I last saw the deceased alive on 12/19, 1955 and that death occurred at 11:00 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Edith Golden (Degree or title) | | | | 23b. ADDRESS Harris, Mo. | | 23c. DATE SIGNED 12/12/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-13-55 | | 24c. NAME OF CEMETERY OR CREMATORY Harris Ceme. | | 24d. LOCATION (City, town, or county) (State) Sullivan Col. Mo. | |
| DATE REC'D BY LOCAL REG 12-15-55 | | REGISTRAR'S SIGNATURE Doc Martin 393 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo. Don Martin | | | |

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

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 *Jean Martin*.....

Licensed Embalmer No. *3760*

P. O. Address *Princeton,*

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.