

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH-5971 State File No. 17341

FILED MAY 31 1956

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>3055</u>		Registrar's No. <u>59</u>			
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Bolivar</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 mi. W. of Bolivar, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>1 mi. W. of Bolivar, Missouri</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u>			b. (Middle) <u>Melvin</u>			c. (Last) <u>Goldsberry</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1956</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 23, 1890</u>			
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Halfway, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ignatius M. Goldsberry</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Roberts Albert</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Goldsberry</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-09-7704</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Goldsberry</u> ADDRESS <u>Bolivar, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
				ANTECEDENT CAUSES		DUE TO (b) <u>Chronic uremia</u>		<u>1 wk</u>	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chronic nephritis</u>		<u>?</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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>3/28, 1956</u> , to <u>5/9, 1956</u> that I last saw the deceased alive on <u>5/8, 1956</u> and that death occurred at <u>2:05 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Daryl C. McCraw, M.D.</u>				23b. ADDRESS <u>Bolivar Mo</u>		23c. DATE SIGNED <u>5/9/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Van, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 21, 1956</u>		REGISTRAR'S SIGNATURE <u>Ralph H. Loden</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blanche Goldsberry, Missouri</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Willard B. Emwin*.....

Licensed Embalmer No. *3092*

P. O. Address *Polk, Ia.*

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.