

FILED JAN 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4028 State File No.

40504

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>4028</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>					
b. CITY OR TOWN <u>Liberal</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Liberal</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> b. (Middle) <u>Harty</u> c. (Last) <u>Gold</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28 1956</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 29/1880</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 YEAR Days <u>30</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>Lorena Summers</u>		14. NAME OF HUSBAND OR WIFE <u>Jim Gold (Deceased)</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>Gladyce A. Gold</u>		ADDRESS <u>Liberal Mo.</u>			
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) <u>Coronary Thrombosis (immediate)</u>						INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u>						1 yr.		
	DUE TO (c) <u>Arteriosclerotic Heart Dis.</u>						3 yrs.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. passive congestion & Bedfastness</u>						3 Mos.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					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) (Min.)		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>Jan. 13, 1953</u> , to <u>Dec. 28, 1956</u> , that I last saw the deceased alive on <u>Dec. 28, 1956</u> and that death occurred at <u>10:50 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. H. Kneeland, D.O.</u>				23b. ADDRESS <u>Liberal, Mo.</u>		23c. DATE SIGNED <u>12-28-1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/30/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia</u>		24d. LOCATION (City, town, or county) (State) <u>Stellog, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Dec 28 1956</u>		REGISTRAR'S SIGNATURE <u>Charlote McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Morris Foye</u>		ADDRESS <u>Whelan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

VS JUL 7 1959

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 *James Kenyth Duncan*

Licensed Embalmer No. *4767*

P. O. Address *Wheaton 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.