

Health, Welfare, Public Service

300 -56

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004343  
STATE FILE NUMBER

FILED FEB 20 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>Audra in</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Centralia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain County</b> Length of stay in lb <b>3 wks</b>		d. STREET ADDRESS (If outside, give location) <b>803 East Early</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Huldah Ann Gholson</b> First Middle Last			4. DATE OF DEATH <b>Feb 9 1958</b> Month Day Year
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr 27, 1887</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR <b>9</b> Months <b>12</b> Days	IF UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Chautauqua Co., Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Benjamin E. Mills</b>	
14. MOTHER'S MAIDEN NAME <b>Louisa L. Todd</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yrs. give war or dates of service)	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>Mildred Gholson, Jeff City, Mo.</b> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Renal insufficiency.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>11/9/54</b> to <b>2/9/58</b> and last saw her <del>him</del> alive on <b>2/9/58</b> Death occurred at <b>5:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Louis A. Bealer M.D.</b>		22b. ADDRESS <b>Centralia, Mo.</b>	
22c. DATE SIGNED <b>2/10/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Feb. 12, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City of Centralia</b>	
23d. LOCATION (City, town, or county) <b>Centralia, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Bill G. Meador Centralia, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Feb 11-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Blanche Steely</b>			

(Licensed Embalmer's Statement on Reverse Side)

VS FEB 17 1960

FEB 21 1958

VS FEB 8 1960

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 *Bill J. Meadows*

Licensed Embalmer No. *487*

P. O. Address *Central*

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