

FILED APR 10 1958

## STANDARD CERTIFICATE OF DEATH

58-009326  
17BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henley Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryland Heights</u> <u>4000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rural Route #1.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EARL</u>	b. (Middle) <u>RAY</u>	c. (Last) <u>GOLDEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 6-1958</u>
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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>Mar. 5th, 1913</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Constuction Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Henley Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Golden</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Henry</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Golden</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>708-14-7459</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Golden Henley Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant tumor Brain unclassified.</u>	DUE TO (b) <u>Undetermined</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <u>2</u>
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22. I hereby certify that I attended the deceased from Mar 10, 1958, to Apr 6, 1958, that I last saw the deceased alive on Apr 5, 1958, and that death occurred at 2-45 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Shelton M.D.</u>	(Degree or title)	23b. ADDRESS <u>Eldon Mo</u>	23c. DATE SIGNED <u>Apr 7 '58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 8-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Eugene, Mo.</u>
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DATE REC'D BY LOCAL REG <u>8 April 1958</u>	REGISTRAR'S SIGNATURE <u>R. P. Dorris, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. P. Dorris</u>	ADDRESS <u>Ray</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1958

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 *[Signature]* \_\_\_\_\_

Licensed Embalmer No. *2307* \_\_\_\_\_

P. O. Address *Russellville, 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.