

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010823
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 248 Primary Registration District No. 4369 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seneca		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Seneca		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 16 yrs.	d. STREET ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Charles Osburn Golden			4. DATE OF DEATH March 17, 1958		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 13, 1887		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe repair		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Newton Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Asbury Golden		13b. MOTHER'S MAIDEN NAME Caledonia Fesperman		14. NAME OF HUSBAND OR WIFE Mable 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. 495-36-3497		17. INFORMANT Mrs. Mabel Golden, Seneca, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis Conditions, if any, } DUE TO (b) Endocarditis which gave rise to } above cause (a), } stating the under- } lying cause last. } DUE TO (c) Influenza PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))					INTERVAL BETWEEN ONSET AND DEATH 1 month 90 days 1 month
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		
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 March 16, 1958 to March 17, 1958 and last saw him alive on 3/17-58 Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE T. E. Hastings (Degree or title)			22b. ADDRESS 2906 Main Joplin Mo		22c. DATE SIGNED 3/19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/19/58	23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery		23d. LOCATION (City, town, or county) Seneca, Missouri
24. FUNERAL DIRECTOR W. E. Williams		ADDRESS Seneca Mo		25. DATE RECD. BY LOCAL REG. 3-20-58	26. REGISTRAR'S SIGNATURE Mrs. Irene Russell

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public
Service

300
-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no medical history. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

District Health Officer No. Newton
District File Number 358-64
Date Filed MAR 25 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
Signature of Student Embalmer

Signed W. E. Bellacome

Licensed Embalmer No. 3174
P. O. Address Seneca Mt

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.