

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033262

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No.

157

Primary Registration District No.

3025

Registrar's No.

178

300  
1-57

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|   |                                    |   |  |
|---|------------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Carthage</b>  |                                    | c. CITY OR TOWN <b>Carthage</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>837 Pine</b>  |                                    | d. STREET ADDRESS (If outside, give location)<br><b>837 Pine</b>  |  |
| Length of stay in lb<br><b>35 yrs.</b>  |                                    | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Thomas William Golden</b>   |                                    |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Sept. 24, 1958</b>  |
| 5. SEX<br><b>Male O</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 11, 1868</b>   |
| 9. AGE (In years)<br><b>89</b> <sup>st</sup> birthday   |                                    | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HRS.<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farmer &amp; carpenter</b>  |                                    | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>retired</b>   | 11. BIRTHPLACE (City and state or country)<br><b>White County, Tenn.</b>                                   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                                    | 13a. FATHER'S NAME<br><b>John Golden</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |                                    | 14. NAME OF HUSBAND OR WIFE<br><b>Myrtle Lowe Golden</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                    | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>Mrs. Myrtle Golden, 837 Pine</b><br>Address <b>Carthage, Mo.</b>                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b>  |                                    |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Atherosclerosis - Cardio-renal</b>  |                                    |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
| DUE TO (c) <b>Vascular disease 442X</b>   |                                    |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition in PART I)<br><b>Prostatic hypertrophy benign with obstruction</b>   |                                    |   |  |
| 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<br>Hour Month, Day, Year<br>a.m. p.m.   |                                    |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <b>Feb 13, 1957</b> , to <b>Sept 24, 58</b> and last saw her alive on <b>Sept 20, 1958</b><br>Death occurred at <b>9:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                    |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>George F. Wood M. D.</b>   |                                    | 22b. ADDRESS<br><b>Carthage, Mo.</b>  | 22c. DATE SIGNED<br><b>Sept 25, 58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Sept. 28, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Black Fox Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Newton County, Mo.</b>                                 |
| 24. FUNERAL DIRECTOR<br><b>Knell Mortuary, Carthage, Mo.</b>  |                                    | 25. DATE RECD. BY LOCAL REG.<br><b>9-26-58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ely Clutter</b>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Robert H. Knell

Licensed Embalmer No. 4459  
P. O. Address Carthage, N

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.