

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006408

State File No. _____

FILED FEB 24 1959

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. _____ Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town rural- <u>Princeton</u>)		c. CITY OR TOWN <u>Princeton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charley</u>	b. (Middle) <u>Lewis</u>	c. (Last) <u>Golden</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 20, 1959</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>Apr. 2, 1875</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grain & Stock</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry Golden</u>	13b. MOTHER'S MAIDEN NAME <u>Sarrah Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Amanda Golden</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Amanda Golden</u> ADDRESS <u>R.F.D Princeton</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>I Yr.</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
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? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 30, 50, to 2-19-, 1959, that I last saw the deceased alive on 2-20-, 1959 and that death occurred at 2:35 pm from the causes and on the date stated above.

23a. SIGNATURE <u>Walter D. Peace, Do.</u> (Degree or title)	23b. ADDRESS <u>Princeton Mo.</u>	23c. DATE SIGNED <u>2-21-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 22, 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Half Rock</u>	24d. LOCATION (City, town, or county) (State) <u>Half Rock, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-21-59</u>	REGISTRAR'S SIGNATURE <u>Walter D. Peace</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. A. Giffell</u> ADDRESS <u>Martin Funeral Home Princeton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *L. E. Ogden*.....

Licensed Embalmer No...502

P. O. Address Princeton,...

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.