

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018216  
STATE FILE NUMBER

FILED JUN 3 1959 Registration District No. 160 Primary Registration District No. 559V Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>FESTUS</b>		c. CITY OR TOWN <b>FESTUS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEFF. CO. HOSP.</b>		d. STREET ADDRESS <b>SOUTH MILL ST.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>STEPHEN ELI GOLDEN</b>		4. DATE OF DEATH Month Day Year <b>5-25-59</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-11-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GLASS WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>P.P.G. CO.</b>	11. BIRTHPLACE (City and state or country) <b>POTOSI, MO.</b>
13a. FATHER'S NAME <b>WILLIAM GOLDEN</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA DE CLUE</b>	14. NAME OF HUSBAND OR WIFE <b>**</b>
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.	17. INFORMANT Address <b>R. H. DE CLUE CRYSTAL CITY, MO.</b>
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>Coronary thrombosis</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH
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 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 7, 59</b> to <b>May 25, 59</b> and last saw her alive on <b>May 25, 59</b> Death occurred at <b>3:45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Barthelme Bugni</i> (Degree or title)		22b. ADDRESS <i>Festus, Mo.</i>	
22c. DATE SIGNED <b>5/26/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>5-29-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>OLDMINES CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>OLD MINES MISSOURI</b>	
24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE</b> ADDRESS <b>CRYSTAL CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5-26-59</b>	
		26. REGISTRAR'S SIGNATURE <i>James H. Dugan</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DATE RECEIVED  
JUN 2  
1959

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 *Emory P. Politz* .....  
Licensed Embalmer No. *3481* .....  
P. O. Address *Crystal C.* .....

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.