

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021380

STATE FILE NUMBER 2792
Registrar's No. 2792

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2405 Forest		Length of stay in lb. 15 yrs	d. STREET ADDRESS (If outside, give location) 2405 Forest Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FURMAN Middle Clarence Last GOLDEN			4. DATE OF DEATH Month June Day 6, Year 1959		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 1, 1886	9. AGE (In years last birthday) 73 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storeman		10b. KIND OF BUSINESS OR INDUSTRY MK&T Railroad	11. BIRTHPLACE (City and state or country) Lebanon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Hayden Golden		13b. MOTHER'S MAIDEN NAME Amanda Nelson		14. NAME OF HUSBAND OR WIFE Nellie 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. 195-24-4515		17. INFORMANT Nellie Golden Address 2405 Forest	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u>			
DUE TO (c) _____			<u>2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331x</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ 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 <u>Dec. 28, 1947</u> to <u>June 6, 1959</u> and last saw her alive on <u>June 6, 1959</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Regree or title) <u>Milton C. Lewis, M.D.</u>		22b. ADDRESS <u>210 Lincoln Bldg</u>		22c. DATE SIGNED <u>6-8-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-9-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon</u>	
		23d. LOCATION (City, town, or county) <u>Lebanon, Missouri</u>		(State)	

24. FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home 18th & Benton</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>6-8-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	
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Milton C. Lewis
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

JAN 29 1963

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 *Bruce R. Watkins*

Licensed Embalmer No. *4500*
P. O. Address *18th & Brent*

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.