

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

30

59-036935

FILED VS OCT 26 1959

218

Primary Registration District No. 5784

Registrar's No. 5784

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Mississippi		b. CITY (If outside corporate limits, give TOWNSHIP only) James Boyou Township		a. STATE Missouri		b. COUNTY Mississippi	
Length of stay in lb 4 Mo.		c. CITY OR TOWN Dorena, Mo.		d. STREET ADDRESS Dorena, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dorena, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		#	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Dotty Alberta		Middle Golden		Last Golden		Month Day Year Oct. 13, 1959	
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 18- 1959 4 Mo.	
9. AGE (last birthday) 4 Mo.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *****	
10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (City and state or country) Fulton Co. Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Buddy Franklin Golden		13b. MOTHER'S MAIDEN NAME Margaret Louis Brown		14. NAME OF HUSBAND OR WIFE *****			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give way or dates of service)		16. SOCIAL SECURITY NO. *****		17. INFORMANT Buddy Franklin Golden Dorena, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		Presumed to be natural causes (Coroner of Miss. County notified)					
DUE TO (b)							
DUE TO (c)							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year		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 _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Gertude G. Harper, Local Registrar				22b. ADDRESS East Prairie, Mo.		22c. DATE SIGNED 10-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-14-1959		23c. NAME OF CEMETERY OR CREMATORY Saffaras Ridge		23d. LOCATION (City, town, or county) (State) Fulton Co. Ky.	
24. FUNERAL DIRECTOR Travis Shelby East Prairie, Mo.				25. DATE RECD. BY LOCAL REG. 10-17-59		26. REGISTRAR'S SIGNATURE Gertude G. Harper	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 28 1960

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

James Shelby

Licensed Embalmer No. 275

P. O. Address: East Haven

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.