

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 17 1961

-61-004248

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 2072 Registrar's No. 4

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SALINE</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARSHALL</u>		Length of stay in 1b <u>LIFE</u>		c. CITY OR TOWN <u>MARSHALL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>502 W COLLEGE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>502 W COLLEGE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>R.</u> Last <u>GOLLONG</u>				4. DATE OF DEATH Month <u>1</u> Day <u>16</u> Year <u>1961</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-2-1885</u>		9. AGE (last birthday) <u>75</u>		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) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and state or country) <u>MARSHALL, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>PHILLIP GOLLONG</u>				13b. MOTHER'S MAIDEN NAME <u>LENA SCHMIDT</u>				14. NAME OF HUSBAND OR WIFE <u>NEVER</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT <u>Miss LULA GOLLONG</u>		Address <u>MARSHALL 502 W COLLEGE</u>					
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>Angina Pectoris</u> DUE TO (b) <u>Tuberculosis of lungs</u> DUE TO (c) <u>Injury when swimming</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____										INTERVAL BETWEEN ONSET AND DEATH			
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.		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 <u>12-15-60</u> to <u>1-6-61</u> and last saw <u>him</u> alive on <u>1-4-61</u> Death occurred at <u>2:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>W. Emerson M. L.</u>				22b. ADDRESS <u>MARSHALL, Mo.</u>				22c. DATE SIGNED <u>1-8-61</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-9-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>RIDGE PARK CEMETERY</u>		23d. LOCATION (City, town, or county) <u>MARSHALL</u>		(State) <u>Mo.</u>					
24. FUNERAL DIRECTOR <u>JACK W. RESER</u>		ADDRESS <u>MARSHALL, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-9-'61</u>		26. REGISTRAR'S SIGNATURE <u>Carl G. Lead</u>							

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

Jack M. Reese

Licensed Embalmer No. 4643

P. O. Address Marshall, Mo

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.