

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

146 -61-022131

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 5943 Registrar's No. 5213

FILED JUL 11 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. (c) Institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Spring Creek Twp</u>		Length of stay in 1b <u>8 yrs</u>		c. CITY OR TOWN <u>Beulah</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 mi NW of Beulah Mo</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Arthur Golling</u>				4. DATE OF DEATH Month Day Year <u>July 5, 1961</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-7-1877-84</u>	
9. AGE (last birthday) IF UNDER 1 YEAR Months Days		10. KIND OF BUSINESS OR INDUSTRY <u>Iron Foundry Worker</u>		11. BIRTHPLACE (City and state or country) <u>Saginaw Mich USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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)	
13a. FATHER'S NAME <u>Robert Golling</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Dailis</u>			14. NAME OF HUSBAND OR WIFE <u>Eunice Golling</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>				17. INFORMANT <u>Wm Under Golling, Beulah Mo</u>			
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 <u>1 year</u>
IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest</u>							
DUE TO (b) <u>cachexia + debilitation</u>							
DUE TO (c) <u>congestive heart disease</u>							
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 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>1959</u> to <u>1961</u> and last saw him alive on <u>July 2, 1961</u> Death occurred at <u>6:40 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>B. J. Myers DO.</u> (Degree or title)				22b. ADDRESS <u>Licking, Mo</u>		22c. DATE SIGNED <u>7-5-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-7-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>	
24. FUNERAL DIRECTOR <u>Smith-Ferguson</u> ADDRESS <u>Licking Mo</u>				25. DATE RECD. BY LOCAL REG. <u>July 5, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>	

JUL 18 1961

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 Ernest C. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking

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.