

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26958

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 4218 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor 0420</u>	
c. LENGTH OF STAY (in this place) <u>8 years</u>		d. STREET ADDRESS (If rural, give location) <u>414 W. Benton St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 W. Benton St</u>		d. STREET ADDRESS (If rural, give location) <u>414 W. Benton St</u>	

3. NAME OF DECEASED (Type or Print) <u>FRANK</u>			a. (First) <u>FRANK</u>			b. (Middle) <u>GOLDSMITH</u>			c. (Last) <u>GOLDSMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22, 1954</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 15, 1874</u>			9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 48 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>Bridley, Illinois</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Nicholas Goldsmith</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Conrad</u>			14. NAME OF HUSBAND OR WIFE <u>Matilda Meier Goldsmith</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Goldsmith</u>			ADDRESS <u>Windsor, Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. * DUE TO (c) _____						1 hr	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from Aug 22, 1954, to Aug 22, 1954, that I last saw the deceased alive on Aug 22, 1954, and that death occurred at 107 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben B Jordan</u>			23b. ADDRESS <u>Windsor Mo</u>			23c. DATE SIGNED <u>8-29-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lansel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug-28-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>		ADDRESS <u>Windsor, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed William M. Jurek

Licensed Embalmer No. 4648

P. O. Address Windsor, N.J.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.