

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 55 STATE FILE NUMBER 0001241

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

0425

20421

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

PLACE OF DEATH

a. TOWN Henry

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton

Length of stay in 1b 2 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital

Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Henry

c. CITY OR TOWN Windsor

Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Matilda Middle C. Last Goldsmith

4. DATE OF DEATH Month January Day 29 Year 1964

5. SEX Female

6. COLOR OR RACE White

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 4-19-1876

9. AGE (last birthday) 87 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Jacob Meier

13b. MOTHER'S MAIDEN NAME Katherine Schmidt

14. NAME OF HUSBAND OR WIFE Frank Goldsmith

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. (none)

17. INFORMANT Address Mrs. George Raymer R.2 Windsor, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary prolapia

INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Thrombosis

4-days

DUE TO (c)

Cerebral arteriosclerosis

year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a)

Hypostatic pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

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 1/1/64 to 1/29/64 and last saw her/him alive on 1/29/64. Death occurred at 5:30 pm 1/29/64 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Jeanne C. Chouin Dr

22b. ADDRESS

105 E. Ohio Clinton Mo.

22c. DATE SIGNED

1/31/64

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Burial Jan. 31, 1964 Laurel Oak Cemetery Windsor, Mo.

24. FUNERAL DIRECTOR

Clifford Gouge Windsor, Mo.

25. DATE RECD. BY LOCAL REG.

Feb 3, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

2543  
1243  
- 2  
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**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 Clifford Louge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.

2-1-43