

FILED OCT 7 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0036567

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 222

- DO NOT WRITE ON THIS STUB
- 9. 0
- 10a. 88
- 10b.
- 11. 0
- 12. 0
- 13. 422X
- 14.
- 15. 4
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 1-0

VS 300  
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Louie Leonard Goldsmith 2. Male 3. September 26, 1968

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) AGE—(LAST BIRTHDAY) (MONTH, DAY, YEAR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 88 5b. 88 5c. 88 6. September 29, 1879 7. Henry

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—(NAME IF NOT IN EITHER, GIVE STREET AND NUMBER)

8. Clinton 7c. Yes 7d. 302 East Green

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

9. Missouri 10. U.S.A. 11. Never Married 11. None

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 491-52-4718 12a. Retired Clerk 12b. Clothing Store

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

13. Missouri 13a. Henry 13b. Clinton 13c. Yes 13d. 302 East Green

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

14. Jacob Goldsmith 14b. Nannie Exiner

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

15. Miss Ernestine Goldsmith 15b. 302 East Green Clinton, Missouri

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

16. IMMEDIATE CAUSE

(a) acute myocarditis 16b. 2 days

DOE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) \_\_\_\_\_

(c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

17. \_\_\_\_\_

17b. \_\_\_\_\_

17c. \_\_\_\_\_

17d. \_\_\_\_\_

17e. \_\_\_\_\_

17f. \_\_\_\_\_

17g. \_\_\_\_\_

17h. \_\_\_\_\_

17i. \_\_\_\_\_

17j. \_\_\_\_\_

17k. \_\_\_\_\_

17l. \_\_\_\_\_

17m. \_\_\_\_\_

17n. \_\_\_\_\_

17o. \_\_\_\_\_

17p. \_\_\_\_\_

17q. \_\_\_\_\_

17r. \_\_\_\_\_

17s. \_\_\_\_\_

17t. \_\_\_\_\_

17u. \_\_\_\_\_

17v. \_\_\_\_\_

17w. \_\_\_\_\_

17x. \_\_\_\_\_

17y. \_\_\_\_\_

17z. \_\_\_\_\_

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

18. \_\_\_\_\_ 18a. \_\_\_\_\_ 18b. \_\_\_\_\_ 18c. \_\_\_\_\_

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

19. \_\_\_\_\_ 19a. \_\_\_\_\_ 19b. \_\_\_\_\_ 19c. \_\_\_\_\_

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM \_\_\_\_\_ MONTH DAY YEAR TO \_\_\_\_\_ MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON \_\_\_\_\_ MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

20. \_\_\_\_\_ 20a. \_\_\_\_\_ 20b. \_\_\_\_\_ 20c. \_\_\_\_\_ 20d. \_\_\_\_\_ 20e. \_\_\_\_\_ 20f. \_\_\_\_\_ 20g. \_\_\_\_\_ 20h. \_\_\_\_\_ 20i. \_\_\_\_\_ 20j. \_\_\_\_\_ 20k. \_\_\_\_\_ 20l. \_\_\_\_\_ 20m. \_\_\_\_\_ 20n. \_\_\_\_\_ 20o. \_\_\_\_\_ 20p. \_\_\_\_\_ 20q. \_\_\_\_\_ 20r. \_\_\_\_\_ 20s. \_\_\_\_\_ 20t. \_\_\_\_\_ 20u. \_\_\_\_\_ 20v. \_\_\_\_\_ 20w. \_\_\_\_\_ 20x. \_\_\_\_\_ 20y. \_\_\_\_\_ 20z. \_\_\_\_\_

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

21. \_\_\_\_\_ 21a. \_\_\_\_\_ 21b. \_\_\_\_\_ 21c. \_\_\_\_\_ 21d. \_\_\_\_\_ 21e. \_\_\_\_\_ 21f. \_\_\_\_\_ 21g. \_\_\_\_\_ 21h. \_\_\_\_\_ 21i. \_\_\_\_\_ 21j. \_\_\_\_\_ 21k. \_\_\_\_\_ 21l. \_\_\_\_\_ 21m. \_\_\_\_\_ 21n. \_\_\_\_\_ 21o. \_\_\_\_\_ 21p. \_\_\_\_\_ 21q. \_\_\_\_\_ 21r. \_\_\_\_\_ 21s. \_\_\_\_\_ 21t. \_\_\_\_\_ 21u. \_\_\_\_\_ 21v. \_\_\_\_\_ 21w. \_\_\_\_\_ 21x. \_\_\_\_\_ 21y. \_\_\_\_\_ 21z. \_\_\_\_\_

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

22. HUGH B. WALKER, MD 22a. Hugh B. Walker, MD 22b. MD 22c. 9-27-68

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 106 S. 3rd 23a. CLINTON, MO 23b. MO 23c. \_\_\_\_\_

URIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24. Burial 24a. Englewood Cemetery 24b. Clinton Missouri

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

25. Sept. 30, 1968 25a. R.F. Nichols Chapels Box 428 Clinton, Missouri

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

26. R.F. Nichols 26a. Mildred Bigum 26b. 9-30-68

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 R. E. Nichols

Licensed Embalmer No. 4927  
P. O. Address Quinton, Md.

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.

Permit obtained 9-30-68  
MWB