

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37279

State File No.

FILED DEC 10 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4936</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City.</u>		c. LENGTH OF STAY (In this place) <u>4 yr's</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		403		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2843 Woodland</u>				d. STREET ADDRESS (If rural, give location) <u>2843 Woodland.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Abner</u>		b. (Middle) <u>Forest</u>		c. (Last) <u>Godsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1949</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 27, 1892</u>		
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>12</u> Days <u>25</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>rent maker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Baker & Lockwood</u>		11. BIRTHPLACE (State or foreign country) <u>Carolton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Adam Forest Godsey</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Francis Halsey</u>		14. NAME OF HUSBAND OR WIFE <u>Della M. Godsey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-05-5869</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della M. Godsey 2843 Woodland</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial decompensation 6 mo.</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> P						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
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 <u>July 5, 1949</u> , to <u>Nov 19, 1949</u> , that I last saw the deceased alive on <u>Nov 18, 1949</u> , and that death occurred at <u>8:30 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M. L. Fletcher M.D.</u>				23b. ADDRESS <u>922 W. 24th N.C.M.</u>		23c. DATE SIGNED <u>11-21-49</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mem. Park (Kansas)</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>		
DATE REC'D BY LOCAL REG. <u>11-21-49</u>		REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eads Bro's Funeral Home K.C. Ks.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed O. H. Beckwith

Signed.....
Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Kans City Kans

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