

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19844
 16

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4178 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Holcomb</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Holcomb</i>	
c. LENGTH OF STAY (in this place)		0357	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>0</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>LADELLA</i>	b. (Middle)	c. (Last) <i>GODBEY</i>	(Month) <i>July</i>	(Day) <i>3</i>	(Year) <i>1950</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Mar. 16, 1868</i>		9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 1 YRS. <i>82</i> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <i>School teacher (retired)</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					

13a. FATHER'S NAME <i>P. J. Godbey</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Healey</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Coletta P. Godbey Holcomb Mo.</i>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 days</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>331X</i>

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)
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 *Jan 6*, 19*50*, to *July 3*, 1950, that I last saw the deceased alive on *7/2*, 1950, and that death occurred at *11:30* p.m. from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. E. Cochran</i>	(Degree or title) <i>D.O.</i>	23b. ADDRESS <i>Holcomb Mo.</i>	23c. DATE SIGNED <i>7/3/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>July 5, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Middleburg Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Middleburg, Kentucky</i>
DATE REC'D BY LOCAL REG. <i>7-12-50</i>	REGISTRAR'S SIGNATURE <i>J. L. Anderson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul Salmon</i>	ADDRESS <i>Kennett Mo.</i>

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

1350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-13-50
COUNTY FILE NUMBER 750-202

SFP 13 1957

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 J. B. Salmon

Licensed Embalmer No. 2556

P. O. Address Farmville, 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 this body is not embalmed, fact should be so stated above.