

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH3566
State File No. 40

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>21 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		d. STREET ADDRESS (If rural, give location) <u>645 North English Ave.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>645 North English Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>645 North English Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Ellard</u> c. (Last) <u>Godman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5th, 1952.</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>Feb. 17, 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Miami, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Marion Godman</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Mae Godman</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Mae Godman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-07-6282</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maggie Mae Godman, Marshall, Mo.</u> ADDRESS _____		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tauzinism Penis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____				
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 <u>3/25/51</u> , to <u>Feb 5, 1952</u> , that I last saw the deceased alive on <u>Feb 5, 1952</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Arthur K. Warner</u>		23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>2/6/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 6-1952</u>	REGISTRAR'S SIGNATURE <u>Widney J. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>385</u>	ADDRESS <u>Campbell Lewis Marshall, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1965

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 W Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.