No. 300
10.48

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23328

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2061 Registrar's No. 524

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 34 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHNS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 310 N. WALL

0495

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): DACTON
c. (Last): GODFREY

4. DATE OF DEATH (Month) (Day) (Year): 7 5 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12/25/1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: CASKETS
11. BIRTHPLACE (City and State or Foreign Country): JONESBURG, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: HENRY M. GODFREY
13b. MOTHER'S MAIDEN NAME: HATTIE McCLURE
14. NAME OF HUSBAND OR WIFE: CORDAY CHANDLEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-01-0163
17. INFORMANT'S SIGNATURE OR NAME: HAROLD GODFREY — ADDRESS: PIERCE CITY, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Agitans — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinsons disease — 2 yrs
DUE TO (c) Chronic Valvular heart Myocardial damage — 6 yrs
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
4214
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ 19[illegible] *to* July 5, 1954, *that I last saw the deceased alive on* July 5, 1954, *and that death occurred at* 12 [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jay E. Myers M.D.
23b. ADDRESS: Joplin, Mo. 708 Murphy Bldg.
23c. DATE SIGNED: July 6-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/7/54
24c. NAME OF CEMETERY OR CREMATORY: JONESBURG CEMETERY
24d. LOCATION (City, town, or county) (State): JONESBURG MO.

DATE REC'D BY LOCAL REG.: 7-22-54
REGISTRAR'S SIGNATURE: Ned D. Jagney 138 By Beulah Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: THORNHILL-DILLON — ADDRESS: JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 26 19
Jasper County Health Offi
County File Number 54-7-5
Date Filed JUL 26 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 38

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.