

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029947

STATE FILE NUMBER

FILED SEP 5 1958

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Richland, Missouri</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Way. Gen. Hosp.</b>		Length of stay in lb <b>14 hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Rural Rt. # 3</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>L.</b> Last <b>Godfrey.</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>25</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 17, 1883</b>
9a. AGE (In years last birthday) <b>74</b>		9b. UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	9c. UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Richland, Mo Camden Co USA</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jospeh Godfrey.</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Robinett.</b>
14. NAME OF HUSBAND OR WIFE <b>Clara. Unknown.</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown) (If yes, give war or dates of service) <b>None.</b>	16. SOCIAL SECURITY NO. <b>None.</b>
17. INFORMANT <b>Mrs. John P. Young</b>		Address <b>Richland, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiovascular renal disease</b> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>442X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b> <b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <b>1:00</b> Month, Day, Year a.m. <b>8-24-58</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>8-24-58</b> to <b>8-25-58</b> and last saw <sup>her</sup> him alive on <b>8-25-58</b> Death occurred at <b>1:00</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <b>E. Nichols</b> (Degree or title) <b>D.O. 2</b>		
22b. ADDRESS <b>Waynesville, Missouri</b>		22c. DATE SIGNED <b>8-25-58</b>	
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE <b>8/27/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Richland, Mo</b>
24. FUNERAL HOME ADDRESS <b>Hedges Funeral Home</b>	CITY <b>Richland, Mo</b>	DATE RECD. BY LOCAL REG. <b>8-26-58</b>	REGISTRAR'S SIGNATURE <b>Emmett Anderson</b>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57  
0

SEP 3 1958

SEP 8 1958

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 Clarence Moss

Licensed Embalmer No. 4896 P. O. Address Waynesville, N.C.

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.