

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035705

FILED VS OCT 3 1960 274

Registration District No. 34 Primary Registration District No. 333 Registrar's No. 333

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 18 Years		c. CITY OR TOWN Sedalia, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1 Sedalia, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1 Sedalia, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Myrtle Mary Godding				4. DATE OF DEATH Month Day Year September 29, 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/26/92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Livingston County Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Stewart Morrison			13b. MOTHER'S MAIDEN NAME Julietta Sprague			14. NAME OF HUSBAND OR WIFE Walter Godding			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT Address Jesse Paxton Rt. 1 Sedalia, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH 1 day		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cardio Vascular Hypertensive disease		DUE TO (c) Arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m.	Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Sept 8-60 to Sept 29-60 and last saw her alive on Sept 29-60 Death occurred at Sedalia 12:30 p.m. of the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) A. R. Maddox M.D.				22b. ADDRESS Sedalia Mo				22c. DATE SIGNED 10-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/3/60	23c. NAME OF CEMETERY OR CREMATORY Topeka Cemetery		23d. LOCATION (City, town, or county) (State) Topeka, Kansas				
24. GENERAL DIRECTOR Shane Ewing Address Sedalia, Mo.				25. DATE RECD. BY LOCAL REG. Oct. 1, 1960		26. REGISTRAR'S SIGNATURE Frances Shelby			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 15 1960

OCT 5 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed P. C. Barker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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