

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

908-63-003504
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 8 1963

VS 300
Rev. 4/59

1

20126

3

4

5

6

7

8

9

10

11

12 69-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 Mo 18 days	c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals Inc.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 939 Maud Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Roderick Burnard Godwin			4. DATE OF DEATH Month Day Year Jan. 28 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-13-1893
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioned Electrician		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Butler Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Sidney Godwin	
14. MOTHER'S MAIDEN NAME Unknown		15. NAME OF HUSBAND OR WIFE Ida	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		17. SOCIAL SECURITY NO. 052	18. INFORMANT Ida Godwin Address Poplar Bluff, Mo.
19. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic coma DUE TO (b) Cirrhosis of liver DUE TO (c) 581.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 month 2 years	
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
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
23. TIME OF INJURY Hour a.m. p.m.	24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	25. CITY, TOWN, OR LOCATION	COUNTY STATE
26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	27. I attended the deceased from 12-10-62 to 1-28-63 and last saw him alive on 1/26/63 . Death occurred at 1.20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		
28. SIGNATURE <i>R. S. Greer, M.D.</i> (Degree or title)		29. ADDRESS 1755 So Grand Blvd	30. DATE SIGNED 1/28/63
31. BURIAL, CREMATION, REMOVAL (Specify) Removal	32. DATE 1-28-63	33. NAME OF CEMETERY OR CREMATORY Sparkman Cemetery	34. LOCATION (City, town, or county) (State) Poplar Bluff Mo.
35. FUNERAL DIRECTOR Creer Croy & Fitch Poplar Bluff, Mo.		36. DATE RECD. BY LOCAL REG. JAN 28 1963	37. REGISTRAR'S SIGNATURE <i>Boan Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

69



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 James L. Carson

Licensed Embalmer No. 5168

P. O. Address Wilmington, DE

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.