

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22216

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 139

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 ORN TOWN <u>Marshall</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>857 South Odell Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>857 South Odell Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u>	b. (Middle) <u>Godman</u>	c. (Last) <u>Baker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 21, 1861</u>	9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	11. UNDER 100 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE: (State or foreign country) <u>Saline County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Isaac A. Godman</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Baker, Miami, Mo.</u>	ADDRESS -----
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neuronoma</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) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Rt Hip Oct 47</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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) <u>Marshall, Mo. Saline</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) -----	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? -----
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22. I hereby certify that I attended the deceased from July 8, 1949 to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 10 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) -----	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>7/9/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 10, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 9, 1949</u>	REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell Rexie, Marshall Mo.</u>	ADDRESS -----
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-14-49

*[Handwritten signature]*

*[Handwritten signature]*

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.

Signed *W. Campbell Jr.*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall W

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.