

FILED AUG 2 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 22494

BIRTH NO. _____		REG. DIST. NO. <u>87</u>		PRIMARY REG. DIST. NO. <u>5015-</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Sarah</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Godfrey</u>	4. DATE OF DEATH (Month) <u>7</u> (Day) <u>24</u> (Year) <u>1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 10, 1864</u>		9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Putman Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>E. Read</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Watkins</u>		14. NAME OF HUSBAND OR WIFE <u>William Godfrey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E.G. Bryant Butler, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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>Chr. Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 24, 1949</u> to <u>July 26, 1949</u> , that I last saw the deceased alive on <u>July 24, 1949</u> , and that death occurred at <u>6:40 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Bates, M.D.</u> (Degree or title)				23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>7/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rockville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rockville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 27-1949</u>		REGISTRAR'S SIGNATURE <u>Handell Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver Underwood</u>		ADDRESS <u>Butler, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED

District Health Officer No. 7,

District File Number 7-49-923

Date Filed 8-1-49

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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 .....  
Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

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.