

FILED JAN 22 1951 STANDARD CERTIFICATE OF DEATH

2109

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4410 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. James</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Berkeley City</b>	
c. LENGTH OF STAY (In this place) <b>0</b>		d. STREET ADDRESS (If rural, give location) <b>8858-Harold Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Lee Ola Godfrey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 1, 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 22, 1912</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months <b>11</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 15 MIN. Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Wright</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Continental Can Corp.</b>		11. BIRTHPLACE (State or foreign country) <b>Mound City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John Godfrey</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Hart</b>		14. NAME OF HUSBAND OR WIFE <b>Eloise N. Godfrey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.#2</b>		16. SOCIAL SECURITY NO. <b>512-03-1088</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eloise N. Godfrey</b>	
				ADDRESS <b>Berkeley City, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Skull fracture</b>		<b>Instant</b>	
		ANTECEDENT CAUSES		DUE TO (b)			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Auto Accident</b>			
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>St. James, Mo.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4.2 mi. E. of St. James, Phelps Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan. 1 1951</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Head on collision</b>	

22 I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased \_\_\_\_\_, and that death occurred at **10:20 P.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. A. V. [Signature]</b>		23b. ADDRESS <b>Rolla Mo.</b>		23c. DATE SIGNED <b>1/2/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-6-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Central Hill Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Wellston, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Jan-13-51</b>		REGISTRAR'S SIGNATURE <b>Cora E. Birmingham</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Luella F. [Signature]</b>		ADDRESS <b>Home St. James Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

JAN 22 1951

RECEIVED  
Pheips County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed 1/20/51

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 \_\_\_\_\_

JAKE NELSON

working under my personal supervision.

Signed Jake Nelson  
Student Embalmer

Student Embalmer No. 386

Signed Orce E. Licklider

Licensed Embalmer No. 3544

P. O. Address St James

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.