

FILED MAY 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15449**

0360

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

| | | | | | | | |
|--|-------------------------------|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 116 | | PRIMARY REG. DIST. NO. 3020 | | Registrar's No. 77 | |
| 1. PLACE OF DEATH a. COUNTY Franklin | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Washington | | c. LENGTH OF STAY (In this place) 12 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boles Twnshp. | | d. STREET ADDRESS (If rural, give location) Highway 50 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis | | | | 0360 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) DONALD | | | b. (Middle) _____ | | c. (Last) GODAIR | | 4. DATE OF DEATH (Month) (Day) (Year) May 14, 1954 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 25, 1900 | | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Month _____ Day _____ | IF UNDER 24 HRS. Hour _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis Mat'l Co. | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Godair | | 13b. MOTHER'S MAIDEN NAME Rose Ellen Ferguson | | 14. NAME OF HUSBAND OR WIFE Delmae Wedemeier Godair | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 500-16-2257 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Delmae Godair, Pacific, Mo. R#2 | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis - Hemiparesis, pulmonary edema & cardiac decompensation | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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"/> | |
| 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) | | 593X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 March 19, 1954 , to April 4, 1954 , that I last saw the deceased alive on April 4, 1954 and that death occurred at 10:20 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) D. J. ... M.D. | | | | 23b. ADDRESS Washington Mo | | 23c. DATE SIGNED 5/14/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE May 17, 1954 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery, Washington, Mo. | | 24d. LOCATION (City, town, or county) (State) | | |
| DATE REC'D BY LOCAL REG. 5/15/54 | | REGISTRAR'S SIGNATURE J. R. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo. | | | |

MAY 21 1954

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

Richard Bapp

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, 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.