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

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40489

State File No.

BIRTH NO. REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5347 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural N. Benton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Buffalo, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Dallas
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Buffalo, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Andrew b. (Middle) L. c. (Last) Godfredson

4. DATE OF DEATH (Month) (Day) (Year) 12-25-1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 3-1883

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 5 Days IF UNDER 24 HRS. Hours 22 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Chris Godfredson

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Selma Godfredson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Selma Godfredson ADDRESS Buffalo, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH 2 years

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 2040

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* Dec 25, 1954, *that I last saw the deceased alive on* Dec 10, 1954, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE C O Bailey (Degree or title) Dr.

23b. ADDRESS Urbana Mo

23c. DATE SIGNED Dec 31

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-28-1954

24c. NAME OF CEMETERY OR CREMATORY Algona Cem.

24d. LOCATION (City, town, or county) (State) Algona, Iowa

DATE REC'D BY LOCAL REG. 1-4-55

REGISTRAR'S SIGNATURE Grace Petree

25. FUNERAL DIRECTOR'S SIGNATURE Montgomery Funeral Home ADDRESS Buffalo, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clyde Montgomery.....

Licensed Embalmer No. 359.

P. O. Address Buffalo, ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.