

No. 300
10.48

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7753
Registrar's No. 64

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JONESBURG</u> <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMMA</u>	b. (Middle) <u>MANUE</u>	c. (Last) <u>GODFREY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 25 55</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>never married</u>	8. DATE OF BIRTH <u>Nov 26 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jonesburg mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry Godfrey</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie McClure</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Godfrey</u> ADDRESS <u>Jonesburg mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis heart strain</u> <u>uh</u>		
	DUE TO (c) <u>Spinalized arteriosclerosis</u> <u>uh</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lungs contents functional</u> <u>uh</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Similar</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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>Jonesburg Montgomery MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 8-28, 1952, to 3-25, 1955, that I last saw the deceased alive on 3-25, 1955, and that death occurred at 7P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold Godfrey MD</u>	23b. ADDRESS <u>Wilmington Mo</u>	23c. DATE SIGNED <u>3-30-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>	24d. LOCATION (City, town, or county) (State) <u>Jonesburg Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/4/55</u>	REGISTRAR'S SIGNATURE <u>L. J. Sedman</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>L. J. Sedman</u> ADDRESS <u>Jonesburg mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Carl Harding

Licensed Embalmer No. *445*

P. O. Address

Yorkway Me.

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.