

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8853

State File No. ....

FILED APR 6 1955

Registrar's No. 26

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 432

1. PLACE OF DEATH a. COUNTY <u>Merxer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY OR TOWN <u>Princeton</u> c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY OR TOWN <u>Jamesport</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Autell Hospital</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>L A V E R N E</u>		b. (Middle) <u>M Y R T L E</u> c. (Last) <u>G O D D A R D</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 19-1894</u>	
<u>never married</u>		9. AGE (In years) (last birthday) <u>60</u> Months <u>8</u> Days <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Putney, South Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Goddard</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Roffey</u>	
14. NAME OF HUSBAND OR WIFE _____		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. <u>495-01-8854</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mitchell Edwards</u> ADDRESS. <u>Atlanta Georgia</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>massive cerebral hemorrhage</u>		DUE TO (b) <u>hypertension</u>		6 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		20 yrs.	
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) _____		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 <u>3-24-55</u> , 19 <u>55</u> , to <u>3-30-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-29-55</u> , 19 <u>55</u> , and that death occurred at <u>12:10 A.M.</u> from the causes and on the date stated above.		23. SIGNATURE <u>Lyron J. Autell</u> (Degree or title) <u>D.O.P.</u> 23b. ADDRESS <u>Princeton Missouri</u> 23c. DATE SIGNED <u>3-30-55</u>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 1-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	
24d. LOCATION (City, town, or county) (State) <u>Jamesport Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Roberson</u> ADDRESS <u>Jamesport Mo</u>		DATE REC'D BY LOCAL REG. <u>3-30-55</u> REGISTRAR'S SIGNATURE <u>Paul Marshall</u>	

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

APR 6 1955

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.....  
Signature of Student Embalmer

Signed *A. L. Roberson*.....

Licensed Embalmer No. 324.....

P. O. Address *Jonesport*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.