

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25617**  
**315**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3057** Registrar's No. **315**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>PETTIS</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY OR TOWN <b>SEDALIA</b>		c. CITY OR TOWN <b>SEDALIA</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BOTHWELL</b>		e. STREET ADDRESS (If rural, give location) <b>520 S. Summit</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <b>Nettie</b>	b. (Middle) <b>Williams</b>	c. (Last) <b>Goddard</b>	<b>July 18, 1957</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Jan 17, 1877</b>	<b>9. AGE</b> (In years last birthday) <b>80</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Terre Haute, Indiana</b>	
<b>13a. FATHER'S NAME</b> <b>Williams Williams</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Williams</b>	
<b>13c. NAME OF HUSBAND OR WIFE</b> <b>William Goddard</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. W.E. Blasler, Sedalia, Mo.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>19. INTERVAL BETWEEN ONSET AND DEATH</b>	

<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial Infarction</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>ANTECEDENT CAUSES</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Chronic nephritis.</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4222</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from **4-28, 1957**, to **7-18, 1957**, that I last saw the deceased alive on **7-18, 1957**, and that death occurred at **2:40 p.m.**, from the causes and on the date stated above.

<b>22a. SIGNATURE</b> <b>Chas Gordon Stauffer M.D.</b>	<b>22b. ADDRESS</b> <b>Sedalia Mo</b>	<b>22c. DATE SIGNED</b> <b>7-18-57</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>7-20-57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Sedalia Pettis Co Mo</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>7-20-57</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Frances Shelby</b>	<b>FEDERAL DIRECTOR'S SIGNATURE</b> <b>Thomas Ewing</b>	<b>ADDRESS</b> <b>Sedalia, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

5410

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.....  
*P. E. Baker*

Licensed Embalmer No. *2419*  
P. O. Address *Sedalia*

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.