

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED SEP 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

285334

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 157

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY JASPER		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		a. STATE MISSOURI		b. COUNTY JASPER		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PEARL LEE REST HOME		Length of stay in lb 5 MONTHS		c. CITY OR TOWN CARTERVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS 511 N. WASHINGTON				(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year		
First CORDIE			Middle ELIZABETH			Last GODSEY		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 6, 1876		
9. AGE (In years last birthday) 80		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MOSIME, TENN		
13. FATHER'S NAME IPSON EDWARDS				14. MOTHER'S MAIDEN NAME NO DATA				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT Address WRS PEARL LEWIS Cartersville, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? 4201 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1950 to death and last saw her ^{her} _{him} alive on 8-30-1957 Death occurred at 7:20 Am on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>M. Pence</i> (Degree or title) D.O.				22b. ADDRESS Cartersville, Mo			22c. DATE SIGNED 9-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-9-1957		23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE		23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI		
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME, WEBB CITY, MO.				25. DATE RECD. BY LOCAL REG. 9-7-57		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Sutzger</i>		

(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 embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Richard Gray*

Licensed Embalmer No. 44

P. O. Address *Webb*

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