

FILED SEP 30 1957

THE GREAT STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32764**

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY OR TOWN Neosho		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 39 Yrs		e. STREET ADDRESS (If rural, give location) 515 Oak Ridge Drive 0720			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 515 Oak Ridge Dr					

3. NAME OF DECEASED (Type or Print) a. (First) Clara		b. (Middle) N.		c. (Last) Godfrey		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1957	
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 4, 1869		9. AGE (In years last birthday) Months Days 88 0 21		IF UNDER 1 YEAR Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housework			11. BIRTHPLACE (City and State or Foreign Country) Crete Nebraska			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Anna Swehla			14. NAME OF HUSBAND OR WIFE Deceased		
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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) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Neubert Carthage, MO			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Rectum						6 yrs.	
		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 154X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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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?	
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22. I hereby certify that I attended the deceased from **4-11-56 to 8-25-57** that I last saw the deceased alive on **8-25-57** and that death occurred at **12:20 AM** from the causes and on the date stated above.

23a. SIGNATURE Dr. P. H. Davis M.D.		(Degree or title)		23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED 8/27/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8, 27, 1957		24c. NAME OF CEMETERY OR CREMATORY Ragan Cemetery		24d. LOCATION (City, town, or county) (State) 8 Mi W, Neosho, Mo	
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DATE REC'D BY LOCAL REG. 9-16-57		REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home Neosho, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

223

RECEIVED

District Health Officer No. Newton

District File Number 957-218

Date Filed SEP 23 1957

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 D. Prullett

Licensed Embalmer No. 4166

P. O. Address 915 Kentland
nearby No.

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.