Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1958

STATE FILE NUMBER 1732

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY JEFFERSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) FESTUS — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN CRYSTAL CITY 0501 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) N. Mill St. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 312 ENGLAND AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ANDREW	Middle L.	Last GODAT	4. DATE OF DEATH Month Day Year 1-15-58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH AUG 20-1891
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASS WORKER	10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.	11. BIRTHPLACE (City and state or country) ST LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHAS. GODAT	13b. MOTHER'S MAIDEN NAME UNKNOWN YEIDA	14. NAME OF HUSBAND OR WIFE **	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) **	16. SOCIAL SECURITY NO. 489-03-4827	17. INFORMANT MRS OSCAR KUHLMANN Address AFTON, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease

DUE TO (c) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus. 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Dec. 24, 1957, to Jan 15, 1958 and last saw him alive on Jan 15, 1958

Death occurred at 10:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bertha Delgar, MD	22b. ADDRESS Festus, MO	22c. DATE SIGNED 1-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-18-58	23c. NAME OF CEMETERY OR CREMATORY ROSELAWN GARDEN	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MISSOURI
24. FUNERAL DIRECTOR GENTRY R. POLITTE	ADDRESS CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. 1-16-58	26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH CENTER
HILLSBORO, MISSOURI

DATE RECEIVED
JAN 21 1958

JAN 30 1958

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 Gentry P. Poletti

Licensed Embalmer No. 3481

P. O. Address Crystal City

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.