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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024724
STATE FILE NUMBER

FILED AUG 14 1958 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 487

1. PLACE OF DEATH a. COUNTY Butler b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff, MO. Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Brandon Hosp. Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler c. CITY OR TOWN Poplar Bluff Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 1309 North 12th Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Myrtle Middle Godwin Last
4. DATE OF DEATH: Month August Day 5 Year 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 3, 1894
9. AGE (In years last birthday): 64 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): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Butler County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: W.Marshall Godwin
13b. MOTHER'S MAIDEN NAME: Lovie Kearbey
14. NAME OF HUSBAND OR WIFE: None

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.: Unknown
17. INFORMANT: Chester Godwin, Address Poplar Bluff, 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) Acute endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchial pneumonia — 4 days
DUE TO (c) 491X
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? YES [ ] NO [ ]

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 8-1-58 to 8-5-58 and last saw her/him alive on 8-5-58
Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.L.Brandon, M.D. (Degree or title) — 22b. ADDRESS 1124 N. Main, Poplar Bluff, Mo. — 22c. DATE SIGNED 8-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-7-58
23c. NAME OF CEMETERY OR CREMATORY: Kearbey Chapel
23d. LOCATION (City, town, or county) (State): Butler County, Mo.

24. FUNERAL DIRECTOR: Frank-Cotrell — ADDRESS: Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 8/9/58
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED
AUG 13 1958
BUTLER CO. HEALTH CENTER
FILE No.

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 Charles E Murnagle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.