

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015021

STATE FILE NUMBER

XC-7939 357

SL 18206

Registration District No. _____ Primary Registration District No. _____ Registr. No. **2765**

MAY 1 1959

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO. | | c. CITY OR TOWN VIENNA | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOS PITAL | | d. STREET ADDRESS (If outside, give location) ROUTE #4 | |
| Length of stay in lb 141 days | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM E. GODDARD | | | 4. DATE OF DEATH Month Day Year MARCH 18, 1959 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 6/19/22 |
| 9. AGE (In years last birthday) 36 | 10. FUNDER 1 YEAR Months Days | 11. IF UNDER 24 HRS. Hours Min. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HEAVY EQUIPMENT OPERATOR | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) VIENNA, ILLINOIS |
| 13a. FATHER'S NAME WILLIAM A. GODDARD | | 13b. MOTHER'S MAIDEN NAME LILLIE COOK | 14. NAME OF HUSBAND OR WIFE DOROTHY GODDARD |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or as unknown) (If yes, give war or dates of service) YES WW-2 | | 16. SOCIAL SECURITY NO. 498-16-1606 | 17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, 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) MYELOGENOUS LEUKEMIA | | | INTERVAL BETWEEN ONSET AND DEATH 1 YEAR |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - 204.1 - | | | - |
| 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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. VA attended the deceased from 10/28/58 to 3/18/59 and last saw him alive on 3/18/59 Death occurred at 3:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W Yates Tinker Jr MD | | 22b. ADDRESS VAH, ST. LOUIS, MO. | 22c. DATE SIGNED 3/18/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3-18-59 | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) Vienna, Illinois |
| 24. FUNERAL DIRECTOR ADDRESS J.J. Kassly E. St. Louis, Illinois | | 25. DATE RECD. BY LOCAL REG. MAR 18 '59 | 26. REGISTRAR'S SIGNATURE Roal Smith, M.D. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Joseph J. Kessler
Licensed Embalmer No. 7541
P. O. Address St. Louis

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.