

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006876

FILED VS. MAR 15 1960

155

Primary Registration District No. 3127

Registrar's No. 46

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 45 Years	c. CITY OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1208 W. Broadway		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1208 W. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Ted Last Godsy			4. DATE OF DEATH Month March Day 6 Year 1960		
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 7-26-1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Dept.		10b. KIND OF BUSINESS OR INDUSTRY Farmers Chemical	11. BIRTHPLACE (City and state or country) Willow Springs, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Godsy		13b. MOTHER'S MAIDEN NAME Cordie Edwards		14. NAME OF HUSBAND OR WIFE Cecile Godsy	
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. 491-01-3573	17. INFORMANT Cecile Godsy Address 1208 W. Broadway Webb City, 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) Coronary Occlusion DUE TO (b) Coronary Insufficiency DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH One hour
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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. Month, Day, Year _____					
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 April, 1951 to March 6, 1960 and last saw xx him alive on March 6, 1960 Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. W. Fokes (Degree or title) D.O.			22b. ADDRESS Webb City, Missouri		22c. DATE SIGNED 3-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-9-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemtery	23d. LOCATION (City, town, or county) Webb City, Missouri		(State)
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson ADDRESS Webb City, Missouri		25. DATE RECD. BY LOCAL REG. 3-8-60	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA
NOV 10 1960

MAR 24 1960 STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo

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