

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007935

STATE FILE NUMBER

Registration District No. 387 Primary Registration District No. 4095 Registrar's No. 5

FILED APR 6 1961

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale		c. CITY OR TOWN Hale,	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, west part town		d. STREET ADDRESS (If outside, give location) West part town	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Nettle May Middle Godsmark Last			4. DATE OF DEATH Month March Day 28th Year 1961		
5. SEX F	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/20/1875	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 2 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bosworth, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME James A. Bowlware		13b. MOTHER'S MAIDEN NAME Ruth Ann Lauck		14. NAME OF HUSBAND OR WIFE Alfred Wm. Godsmark	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs Ruth May Foltz, Hale, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial Infarction		3 days
DUE TO (b) Chronic Nephria		6 weeks
DUE TO (c)		
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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
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21. I attended the deceased from 3-28-61 to _____ and last saw her alive on 3-28-61
Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clifford W. Austin M.D. (Degree or title)	22b. ADDRESS 107 N. 9th St. Carrollton, Mo.	22c. DATE SIGNED 3-30-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/30/1961	23c. NAME OF CEMETERY OR CREMATORY Big Creek cemetery	23d. LOCATION (City, town, or county) Bosworth, Missouri.
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24. FUNERAL DIRECTOR Clifford W. Austin f+h Hale, Mo.	25. DATE RECD. BY LOCAL REG. 3-30-1961	26. REGISTRAR'S SIGNATURE Mrs Rex Henderson
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Clifford W. Austin

Clifford W. Austin,

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.