

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF CAUSE OF DEATH

-61-035566  
STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 33

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED OCT 3 1961

1. PLACE OF DEATH  
a. COUNTY SCOTT  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ILLMO Length of stay in 1b TRANSIENT  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ENROUTE TO HOSPITAL Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY SCOTT  
c. CITY OR TOWN RURAL-COMMERCE TWP. Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First LILLIE Middle MAY Last GODDARD 4. DATE OF DEATH Month SEPT. Day 24 Year 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-15-1884 9. AGE (last birthday) 77 IF UNDER 1 YEAR Months 0 IF UNDER 24 HR Hours 9 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) BENTON, MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WILLIAM JEHLAN 13b. MOTHER'S MAIDEN NAME MARIAM RANDOL 14. NAME OF HUSBAND OR WIFE JOSEPH NORVAL GODDARD

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. NONE 17. INFORMANT Address MRS. BESTER MARTIN - Rt. 1 - ILLMO, 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) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 1 Hr  
DUE TO (b) Atherosclerotic Heart Disease  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  Yes  No  Unknown

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 5-31-61 to 9-24-61 and last saw her/him alive on 9-24-61  
Death occurred at 8:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marshall June Wd Illmo Mo 22b. ADDRESS \_\_\_\_\_ 22c. DATE SIGNED 9/25/61 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE SEPT. 26, 1961 23c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETERY 23d. LOCATION (City, town, or county) COMMERCE, MISSOURI

24. FUNERAL DIRECTOR ADDRESS BISPLINGHOFF FUNERAL HOME - ILLMO, Mo. 25. DATE RECD. BY LOCAL REG. Sept 27-1961 26. REGISTRAR'S SIGNATURE Marshall Bradley Lopp

OCT 4 1961

**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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo

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.