

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026411

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 127

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6004

2 6004

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 90.3

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) NORTH KANSAS CITY		c. CITY OR TOWN NORTH KANSAS CITY	
Length of stay in 1b 42 YRS.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1225 EAST 23RD AVE		d. STREET ADDRESS (If outside, give location) 1225 EAST 23RD AVE	
3. NAME OF DECEASED (Type or print) First HENRY Middle AUGUST Last GODAT		4. DATE OF DEATH Month July Day 22 Year 1962	
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 10-21-86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPAIR MAN		10b. KIND OF BUSINESS OR INDUSTRY Shoes	11. BIRTHPLACE (City and state or country) EAST CARONDELET, ILL.
13a. FATHER'S NAME GUSTAVE GODAT		13b. MOTHER'S MAIDEN NAME LUCY E. COON	14. NAME OF HUSBAND OR WIFE LULA MAY GODAT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W W I		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address LULAM. GODAT - 1225 EAST 23RD AVE. NO. KAN. CITY
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, heart DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. A. Stals		22b. ADDRESS Coroner North Kansas City Mo.	22c. DATE SIGNED 7/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-24-62	23c. NAME OF CEMETERY OR CREMATORY EAST SLOPE	23d. LOCATION (City, town, or county) (State) REVERSIDE, MO.
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons - Kan. City		25. DATE RECD. BY LOCAL REG. 7-24-62	26. REGISTRAR'S SIGNATURE Marquise Hudson

JUL 31 1962

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

John V. Henrich, Jr.

Licensed Embalmer No. 4848

P. O. Address R. C. 17, Inc.

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.