

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026882

STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 65

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 18 1962**

VS 300  
Rev. 4/59

1 0460  
2 0460  
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12 90-0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Willow Springs</b>		Length of stay in 1b <b>Years</b>	c. CITY OR TOWN <b>Willow Springs</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6th &amp; Ash</b>
3. NAME OF DECEASED (Type or print) First <b>FANNIE</b> Middle <b>GODSY</b> Last <b>GODSY</b>		4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/29/73</b>
9. AGE (last birthday) <b>89</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>8</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Kentucky</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Finis Stringer</b>	
13b. MOTHER'S MAIDEN NAME <b>M. Jane White</b>		14. NAME OF HUSBAND OR WIFE <b>Emory Godsy (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Garvene Smith, Willow Springs, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis, generalized &amp; cerebral</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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 <b>7/7/62</b> and last saw her alive on _____ Death occurred at <b>11:30 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. L. Coffey, M.D.</i> (Degree or title)		22b. ADDRESS <b>Willow Springs, Mo.</b>	
22c. DATE SIGNED <b>7/8/62</b> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>7/9/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City</b>	
23d. LOCATION (City, town, or county) <b>Willow Springs, Mo.</b>		24. FUNERAL DIRECTOR <b>Burns, Willow Springs, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>7/12/62</b>		26. REGISTRAR'S SIGNATURE <i>Margaret</i>	

**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  \_\_\_\_\_  
T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.