

Clara *Godbey* Warfel

Memorial

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Birth: Mar. 18, 1879

Death: Sep. 18, 1961

Note: Wife of George Oren & they had 9 children.

Burial:

[New Home Cemetery](#)

Crawford County

Missouri, USA

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Created by: [Diana Berkel](#)

Record added: May 15, 2011

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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032321

STATE FILE NUMBER

Registration District No. 88 Primary Registration District No. 4151 Registrar's No. 28

AMENDED

FILED SEP 26 1961

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STEELVILLE		Length of stay in lb 9 MO.	c. CITY OR TOWN KEYSVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) KEYSVILLE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLARA Middle ADLEE Last WARFEL			4. DATE OF DEATH Month SEPT. Day 18 Year 1961		
5. SEX FEMALE	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 5-18-1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY CRAWFORD, CO. MO.	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM GODFREY	13b. MOTHER'S MAIDEN NAME NANCY E. GREGORY	14. NAME OF HUSBAND OR WIFE OREN WARFEL	

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 AGNESS GIBSON STEELVILLE, MO. Address
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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)	Hypostatic Pneumonia	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral thrombosis	3 days
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Heart Disease	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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 STEELVILLE, MO.	COUNTY CRAWFORD CO.	STATE MO.
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21. I attended the deceased from **9-20-54** to **9-18-61** and last saw her alive on **9-17-61**
Death occurred at **1:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl A. Johnson M.D. (Degree or title)	22b. ADDRESS Steelville, Mo.	22c. DATE SIGNED 9-19-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-20-1961	23c. NAME OF CEMETERY OR CREMATORY NEW HOME	23d. LOCATION (City, town, or county) CRAWFORD CO. MO.
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24. FUNERAL DIRECTOR JONAS FUNERAL HOME STEELVILLE, MO	25. DATE RECD. BY LOCAL REG. 9-19-1961	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ