

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26503

State File No. _____

29
200

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>93</u> | | PRIMARY REG. DIST. NO. <u>5392</u> | | Registrar's No. <u>72</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Dade</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u> | | | |
| b. CITY OR TOWN <u>Rural - Ernest Twp</u> | | | | c. CITY OR TOWN <u>Rural - Ernest Twp</u> | | | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6 mi. N.W. of Greenfield, Mo.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. N.W. of Greenfield</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6 mi. N.W. of Greenfield, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>LULA</u> | | a. (First) <u>LULA</u> | | b. (Middle) <u>M</u> | | c. (Last) <u>Goodnight</u> | |
| 4. DATE OF DEATH <u>AUG - 6 - 1949</u> | | (Month) (Day) (Year) | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Sept 6 - 1873</u> | | 9. AGE (In years last birthday) <u>75</u> | | 10. IF UNDER 1 YEAR: Months <u>11</u> Days _____ Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Thomas Taylor</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY Stephens</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wm Goodnight</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elmer Dadd</u> ADDRESS <u>Greenfield</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>nephritis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>593X</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>8-7</u> , 1949; to <u>8-6</u> , 1949; that I last saw the deceased alive on <u>Aug 5</u> , 1949, and that death occurred at <u>1:00 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>H. O. Cowan</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>Greenfield</u> | | 23c. DATE SIGNED <u>8-9-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>AUG 8 - 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>8-12-49</u> | | REGISTRAR'S SIGNATURE <u>Geo. R. Weir</u> | | 79 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u> ADDRESS <u>Greenfield, Mo.</u> | |

RECEIVED AUG-15 1949
District Health Office No. 6,
District File Number 849-938
Date Filed 8-18-49

AUG 23 1949

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.

Signed.....
Student Embalmer

Signed J. C. Canada
Licensed Embalmer No. 4196
P. O. Address Greenfield, 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 this body is not embalmed, fact should be so stated above.