

FILED MAR 28 1951

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9067

State File No.

Registrar's No. 66

BIRTH NO. 16-29-3-981 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Sarcoxie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Sarcoxie	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) Reeds Route #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Reeds Route #1		d. STREET ADDRESS (If rural, give location) Reeds Route #1	

3. NAME OF DECEASED (Type or Print)	a. (First) Buela	b. (Middle) A.	c. (Last) GOODNIGHT	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 16, 1951	9. AGE (In years last birthday) - -	IF UNDER 1 YEAR Months - -	IF UNDER 24 HRS. Days - -	IF UNDER 2 HRS. Hours Min. 6 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Route #1 Reeds, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Eugene Goodnight	13b. MOTHER'S MAIDEN NAME Wilma McDonald	14. NAME OF HUSBAND OR WIFE - - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. - - - -	17. INFORMANT'S SIGNATURE OR NAME Mr. Eugene Goodnight	ADDRESS Rt. #1 Reeds
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation Heart		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) premature infarct		
	DUE TO (c) - - - -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			774X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:25A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Sarcoxie Mo	23c. DATE SIGNED 3-17-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-1951	24c. NAME OF CEMETERY OR CREMATORY Jasper Cemetery	24d. LOCATION (City, town, or county) (State) S.E. of Carthage, Mo.
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DATE REC'D BY LOCAL REG. 3-17-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.
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RECEIVED 3-27-51
Jasper County Health Office

County File Number 51-3-263
Date Filed 3-27-51

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 _____

.....
working under my personal supervision.

Student

Student Embalmer

Student Embalmer No. _____

Signed _____

Gene C. Pugh
Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.