

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1044**

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **49-D**

396
0

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY DOUGLAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smallett 03.40		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			
3. NAME OF DECEASED (Type or Print) Charles W Goodnight		4. DATE OF DEATH (Month) (Day) (Year) Jan 15, 1953	
a. (First) Charles b. (Middle) W c. (Last) Goodnight			
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (1900) 6-20-00
9. AGE (In years last birthday) 52	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (City and State or Foreign Country) Smallett, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME William Goodnight	13b. MOTHER'S MAIDEN NAME Lue Johnson	14. NAME OF HUSBAND OR WIFE Rae Goodnight	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-12-4849	17. INFORMANT'S SIGNATURE OR NAME Rae Goodnight ADDRESS Smallett, Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C&D Stomach with metastases multiple 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. 151X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1-13 , 19 53 , to 1-15 , 19 53 , that I last saw the deceased alive on 1-15 , 19 53 , and that death occurred at 1:35 P. from the causes and on the date stated above.			
23a. SIGNATURE W. H. Benton (Degree or title)		23c. DATE SIGNED 1-15-53	
23b. ADDRESS Medical Bldg. Smallett, Mo			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-20-53	24c. NAME OF CEMETERY OR CREMATORY Fannon	24d. LOCATION (City, town, or county) (State) Avia, Missouri
DATE REC'D BY LOCAL REG. 1-20-53	REGISTRAR'S SIGNATURE Edith Wilkinson	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home, Avia, Mo ADDRESS	

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
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 24662

P. O. Address Ava, 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.