

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18362

State File No. _____

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5462 Registrar's No. 534

390
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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 Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Rural 2nd Franklin		c. LENGTH OF STAY (In this place) <u> </u>	c. CITY OR TOWN Springfield
d. FULL NAME OF HOSPITAL OR INSTITUTION: U.S. #65 7 Mi. North Spgfd.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 2628 N. Howard		0396	

3. NAME OF DECEASED (Type or Print) ROY	a. (First)	b. (Middle)	c. (Last) GOODNIGHT	4. DATE OF DEATH June 19, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2 Nov. 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad	11. BIRTHPLACE (City and State or Foreign Country) Polk County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME A/A. Goodnight	13b. MOTHER'S MAIDEN NAME Mary Ellen McMachin	14. NAME OF HUSBAND OR WIFE Olga Goodnight (Deceased)
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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. 500-01-3616	17. INFORMANT'S SIGNATURE OR NAME George Goodnight	ADDRESS Kansas City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture & Crushed Chest		Instant
	ANTECEDENT CAUSES Compound Fractures of Rt. Leg & Rt. Arm		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway, sea) U.S. Highway #65	21c. (CITY, TOWN, OR TOWNSHIP) 2nd Franklin (COUNTY) Greene (STATE) Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11:30 A.M. 6/19/55	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident
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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 **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) Coroner	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 6-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-24-55	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 6-23-55	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Co. Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

APR 3 1956

JUL 26 1955

JUL 26 1955

JUN 28 1955

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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 *Max Rhodes*
Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.