

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039150

STATE FILE NUMBER

FILED

Registration District No. # 246 156 Primary Registration District No. # 5835 1001 Registrar's No. 516

NOV 10 1960

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SHOAL CREEK TOWNSHP</u>		Length of stay in 1b HOURS	c. CITY OR TOWN <u>JOPLIN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROAD NEAR GRAND FALLS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3130 PEARL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JAMES CHARLES</u> Middle <u>GOODKNIGHT</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>2,</u> Year <u>1960</u>	
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-19-09</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOKKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LEATHER MGRFR.</u>	11. BIRTHPLACE (City and state or country) <u>SEDALIA, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>CHARLES O. GOODKNIGHT</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA ANDERSON</u>	14. NAME OF HUSBAND OR WIFE <u>VIRGINIA GOODKNIGHT</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>VIRGINIA GOODKNIGHT 3130 PEARL</u>
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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: IMMEDIATE CAUSE (a) <u>Self inflicted gunshot wound.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Placed 12 Ga. Shotgun to forehead and pulled the trigger.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot self in head</u>
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20c. TIME OF INJURY <u>About 1</u> <u>11-2-60</u> Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public road</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Shoal Creek Twp. Newton Missouri</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at About 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Corey Thompson</u> <u>Coroner</u>	22b. ADDRESS <u>Neosho Missouri</u>	22c. DATE SIGNED <u>11/2/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-3-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SEDALIA MISSOURI</u>
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24. FUNERAL DIRECTOR ADDRESS <u>STEVE PARKER MORTUARY JOPLIN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>11-3-1960</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence B. Amice
Licensed Embalmer No. 4465

P. O. Address Oppler M...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.