

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9128

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Mo. Donald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mo. Donald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jane</u>	c. LENGTH OF STAY (If in place) <u>18 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jane</u> <u>600</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>00</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>- HICKS</u> c. (Last) <u>GOODNIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>11-20-1912</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Food Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John Goodnight</u>	13b. MOTHER'S MAIDEN NAME <u>Laura</u>	14. NAME OF HUSBAND OR WIFE <u>Tabb. Caroline Goodnight</u>	
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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) <u>yes war 2</u>	16. SOCIAL SECURITY NO. <u>499-12-4298</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Caroline Goodnight, Jane</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		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.			

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) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in house</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jane Mo. Donald, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-17-49-4:45 am</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>suicide gunshot in head</u>
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. W. Humphrey Coroner</u>	23b. ADDRESS <u>Pinville, Mo</u>	23c. DATE SIGNED <u>3-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dug Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Pinville, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>3-28-49</u>	REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>	423	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. W. Humphrey Pinville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 449-415

Date Filed 4-6-49

APR 11 1949
DISTRICT HEALTH OFFICER NO. 6

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. 285

working under my personal supervision.

Signed

R. M. Humphrey, Jr.
Student Embalmer

Signed

Mayme E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Greenville, N.C.

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.