

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12553

State File No. ....

FILED MAY 2 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4190 Registrar's No. 9

370

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

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BLAND</b>		c. LENGTH OF STAY (In this place) <b>1 yr</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bland</b>	
		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>HENRY</b> c. (Last) <b>GOODNIGHT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 30 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John Goodnight</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Milton</b>		14. NAME OF HUSBAND OR WIFE <b>deceased (unknown)</b>	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Walter Cantriel</b> ADDRESS <b>Bland, Mo.</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Right Hemiplegia</b>		<b>3 wks</b>	
		ANTECEDENT CAUSES			
		DUE TO (b) <b>Cerebral Hemorrhage</b>		<b>3 wks</b>	
		DUE TO (c) <b>Hypertension</b>		<b>2 yrs.</b>	
		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 <b>334X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 3-6 1952 to 3-30 1952 that I last saw the deceased alive on 3-29 1952 and that death occurred at 9:20pm from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paula Brunner M.D.</b>		23b. ADDRESS <b>Owensville, Mo.</b>		23c. DATE SIGNED <b>4-1-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/1/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Phelps County, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>April 3, 1952</b>		REGISTRAR'S SIGNATURE <b>Dorothy Wallace</b> <b>363</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>388mann's Funeral Service, Bland,</b> ADDRESS	
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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 .....  
Student Embalmer

Signed Chester Sasseman

Licensed Embalmer No. 4158

P. O. Address Blair - 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.