

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12720**

FILED MAY 11 1954

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **432** Registrar's No. **29**

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Edward c. (Last) Goodnight			4. DATE OF DEATH (Month) (Day) (Year) May 5, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Harrison Co. Mo.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Andrew Goodnight	13b. MOTHER'S MAIDEN NAME Margaret Robinson	14. NAME OF HUSBAND OR WIFE Gertrude Goodnight
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Gertrude Goodnight	ADDRESS Princeton, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver		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) Ulcers		
	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 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) 1561
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **May 4, 1954**, to **May 5, 1954**, that I last saw the deceased alive on **May 4, 1954**, and that death occurred at **Princeton, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE J. M. Perry, M.D.	(Degree or title)	23b. ADDRESS Princeton Mo	23c. DATE SIGNED May 6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-7-54	24c. NAME OF CEMETERY OR CREMATORY Princeton Ceme.	24d. LOCATION (City, town, or county) (State) Princeton
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DATE REC'D BY LOCAL REG. 5-8-54	REGISTRAR'S SIGNATURE Hall	25. FUNERAL DIRECTOR'S SIGNATURE Martin	ADDRESS Funeral Home Princeton, Mo
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(Licensed Embalmer's Statement on Reverse Side) *Don Mathis*

MAY 20 1960

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 *Jean Martin*

Licensed Embalmer No. 3760

P. O. Address Sumner, 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.