

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21502
STATE FILE NUMBER

FILED JUN 25 1956

Registration District No. 280 Primary Registration District No. 6968 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carroll township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Kansas City 3898</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>1/2 mile East of Platte City, Mo.</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>3536 E. 75th</u> Inside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Lee</u> Last <u>Goodnight</u>			4. DATE OF DEATH Month <u>6</u> Day <u>10</u> Year <u>56</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</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>2-16-1898</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sign Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stalcup Sign Co</u>		11. BIRTHPLACE (City and state or country) <u>Carterville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Elmer Goodnight</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-05-7224</u>		17. INFORMANT <u>Mrs. Ellen Goodnight</u> Address <u>3536 E. 75th</u>		

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>Crushed chest AND INTERNAL INJURIES</u>		INTERVAL BETWEEN ONSET AND DEATH
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).		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 71</u>	20f. CITY, TOWN, OR LOCATION <u>Platte</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at APPROX. <u>9:45 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>Koland M. Goffe, Coroner</u> (Degree or title)	22b. ADDRESS <u>Platte City, Mo.</u>	22c. DATE SIGNED <u>6-11-56</u>
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23a. REMOVAL (Specify)	23b. DATE <u>6-14-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Burcel Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Burcel Missouri</u>
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24. FUNERAL DIRECTOR <u>C. H. Blackman</u> ADDRESS <u>San Inc. R.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-11-1956</u>	26. REGISTRAR'S SIGNATURE <u>Opbia Rollins</u>
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(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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