Goodner

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 823

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 136

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY: THIS TOWN 3 days; IN ARIZONA 28 yrs
C. CITY OR TOWN: Morenci — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): P.D. Hosp

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz
B. COUNTY: Greenlee
C. CITY OR TOWN: Franklin — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): —

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) Sugart C. (LAST) Goodner
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Addie Y Goodner
7. DATE OF BIRTH: MONTH Jan DAY 25 YEAR 1888
8. AGE (IN YEARS LAST BIRTHDAY): 67 yrs
IF UNDER 1 YEAR: MONTHS — DAYS —
IF UNDER 24 HRS.: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Carpenter

9B. KIND OF BUSINESS OR INDUSTRY: Carpenter
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tenn.
11. CITIZEN OF WHAT COUNTRY? US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO. 451-32-3019

14A. FATHER'S NAME: Jim Goodner
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn
15A. MOTHER'S MAIDEN NAME: Jane Gamble
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn.

16. INFORMANT'S SIGNATURE: Mrs. J. S. Goodner — ADDRESS: General Del Franklin Ariz
17. DATE OF DEATH: (MONTH) Feb (DAY) 11 (YEAR) 1955

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
(A) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic cardiovascular disease — years
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2-10, 1955, TO 2-11, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 2-11-55, 19__, AND THAT DEATH OCCURRED AT 5:05 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [signature] (DEGREE OR TITLE) MD
22B. ADDRESS: Morenci, Arizona
22C. DATE SIGNED: 2-11-55

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 2/11/55
25C. NAME OF CEMETERY OR CREMATORY: Duncan
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan Ariz

26A. DATE REC. BY LOCAL REG.: 2-12-55
26B. REGISTRAR'S SIGNATURE: Guy Strickland
27A. FUNERAL DIRECTOR'S SIGNATURE: J. McMillan
27B. ADDRESS: Clifton Ariz

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573