S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9588

BIRTH NO. _____ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 3056 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton 21
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury 2
d. STREET ADDRESS (If rural, give location): 10

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Claude
c. (Last): Knowles

4. DATE OF DEATH (Month) (Day) (Year): 4 5 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Mar-1-1903
9. AGE (In years last birthday): 46
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Claude Knowles
13b. MOTHER'S MAIDEN NAME: Eva Welch
14. NAME OF HUSBAND OR WIFE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-12-8158
17. INFORMANT'S SIGNATURE OR NAME: Eva Knowles
ADDRESS: Salisbury Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basialar skull fracture due to
DUE TO (c) Automobile collision

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

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19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 24
21c. (CITY, TOWN, OR TOWNSHIP) 021 (COUNTY) (STATE): Near Salisbury Chariton Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 30, 1949 6:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Head on collision. Patient thrown from car.

22. *I hereby certify that I attended the deceased from* Mar. 30, *19* 49, *to* Apr. 5, *19* 49, *that I last saw the deceased alive on* April 4, *19* 49, *and that death occurred at* 2:50 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry K Baker M.D.
23b. ADDRESS: Moberly, Missouri
23c. DATE SIGNED: 4/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-7-49
24c. NAME OF CEMETERY OR CREMATORY: Salisbury Cem
24d. LOCATION (City, town, or county) (State): Salisbury Mo

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE 269 0
25. FUNERAL DIRECTOR'S SIGNATURE: Geo B Winkelmeyer
ADDRESS: Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

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AUG 25 1945

RECEIVED
District Health Officer No. 1
District File Number 4-49-6
Date Filed APR 11 1949

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.

Signed Chas B Winkelmeyer

Signed .....
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Md.

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.