

FILED OCT 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 2046 Registrar's No. 48

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>MONITEAU</u> <span style="float: right;">0</span> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA Mo</u> c. LENGTH OF STAY (In this place) <u>2 DAYS</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ATHLETIC HOSPITAL</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WALKER</u> <span style="float: right;">680</span> d. STREET ADDRESS (If rural, give location) <u>NEAR CALIFORNIA Mo</u> <span style="float: right;">0</span>					
<b>3. NAME OF DECEASED</b> a. (First) <u>ALMA</u> b. (Middle) <u>C.</u> c. (Last) <u>KNIPKEY</u> (Type or Print) <u>ALMA C. KNIPKEY</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>OCT. 11-1949</u>						
<b>5. SEX</b> <u>FEMALE</u>		<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Apr-19-1898</u>		<b>9. AGE</b> (In years last birthday) <u>51yr</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>HOUSEKEEPER</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>MISSOURI</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US</u>		
<b>13a. FATHER'S NAME</b> <u>HENRY DICK</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>F. GRIESEBACH</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Wm KNIPKEY</u>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			<b>16. SOCIAL SECURITY NO.</b> <u>No</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>W J Knipkey</u> ADDRESS <u>California Mo</u>				
<b>18. CAUSE OF DEATH</b> 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.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis with Hypertension</u> DUE TO (c) <u>Diabetes Mellitus</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7 days</u>  <u>93X</u>	
<b>19a. DATE OF OPERATION</b>			<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>California Moniteau Mo.</u>		<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>22. I hereby certify that I attended the deceased from</b> <u>Oct 4, 1949</u> , to <u>Oct 11, 1949</u> , that I last saw the deceased alive on <u>Oct 11, 1949</u> , and that death occurred at <u>10:45 am.</u> , from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> <u>R. S. J. [Signature]</u> (Degree or title) <u>0</u>			<b>23b. ADDRESS</b> <u>California, Mo</u>			<b>23c. DATE SIGNED</b> <u>10-13-49</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>		<b>24b. DATE</b> <u>Oct. 13-1949</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>MONITEAU EURN. CEM. MONITEAU Co. Mo.</u>		<b>24d. LOCATION</b> (City, town, or county) (State) _____				
<b>DATE REC'D BY LOCAL REG.</b> <u>10-14-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>H. R. Poppey</u> <span style="float: right;">202</span>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>C. Albert Hornbeck</u> ADDRESS <u>Prarie Home</u>					

District File Number \_\_\_\_\_  
Health Officer No. 9  
OCT 19 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.

Student .....  
Student Embalmer

Signed G. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.