

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4349

State File No. _____

0270
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>5316</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give town or place) <u>Rural - Clear Creek Twp.</u>		c. LENGTH OF STAY (If in place) <u>7 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Clear Creek Twp.</u>		OR TOWN <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Pilot Grove</u>				-d. STREET ADDRESS (If rural, give location) <u>Near Pilot Grove</u>			
3. NAME OF DECEASED (Type or Print) <u>LEO-LOUIS KNEBGEN</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar - 2 - 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 27 - 1914</u>		9. AGE (In years, last birthday) <u>35 - 10 - 5</u>	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Knedgen</u>		13b. MOTHER'S MAIDEN NAME <u>Regina Vogel</u>		14. NAME OF MARRIED OR WIFE <u>Bertha Knedgen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Bertha Knedgen - Pilot Grove Mo</u>			
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) <u>Acute Indigestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>eating large amount.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>hernia causing strangulation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 hr.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>Boonville Cooper Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>3-1-1950</u> , to <u>3-2-1950</u> , that I last saw the deceased alive on <u>3-2-1950</u> , and that death occurred at <u>9:50 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. L. Frasier D.C.</u>				23b. ADDRESS <u>Boonville Mo.</u>		23c. DATE SIGNED <u>3-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar-4-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar 4 - 50</u>		REGISTRAR'S SIGNATURE <u>Hellie Hulbert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes & Genter</u>		ADDRESS <u>Pilot Grove Mo</u>	

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District Health Officer No. 8,

District File Number _____

Date Filed 3-14-50

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

Leopold E. Harris

Licensed Embalmer No. 3074

P. O. Address *Plot Grove 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.