

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21284

State File No. ....

FILED JUL 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 17

0930

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

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural R#3 Osceola, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Center Township 0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elliott Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Wesley</u> c. (Last) <u>KNIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 13 1894</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	
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>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>St. Clair Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Timothy Knight</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Park</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Estella Knight Osceola Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Estella Knight R.R.#3, Osceola Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <u>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</u>			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 24 June 1950, to 27 June 1950, that I last saw the deceased alive on 27 June 1950, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Elliott M.D.</u> (Degree or title)		23b. ADDRESS <u>Appleton City, Mo</u>		23c. DATE SIGNED <u>27 June 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kials Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>W. B. Broadhead Osceola Mo</u>			
DATE REC'D BY LOCAL REG. <u>June 29 1950</u>		REGISTRAR'S SIGNATURE <u>Chas Abney</u> 285			

RECEIVED  
DISTRICT HEALTH OFFICE No. \_\_\_\_\_  
District File Number \_\_\_\_\_  
Date Filed 9. 5- 57 \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed J. B. Bradish

Licensed Embalmer No. 3038

P. O. Address Queda Mo

Signed .....  
Student Embalmer

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.