

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1950

5650 State File No. 23942

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

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 4277		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY LAWYENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY LAWYENCE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VEYONA		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN VEYONA		1550	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MILE WEST OF AURORA				d. STREET ADDRESS (If rural, give location) Rural 2 mi. W. of Aurora			
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL			b. (Middle) KNECHT			c. (Last) KNECHT	
4. DATE OF DEATH (Month) (Day) (Year) July 29 - 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Oct 1 - 1872		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 9		IF UNDER 24 HRS. Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Janitor		11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? LAWYENCE	
13a. FATHER'S NAME Joe Knecht		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Kathryn Pittman		ADDRESS India, MD	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Chronic Par. Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 592X	
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) (Minute)		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 July 25, 1950, to July 29, 1950, that I last saw the deceased alive on July 27, 1950, and that death occurred at 11:35 P.M., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Herron, MD (Degree or title)				23b. ADDRESS Aurora, MD		23c. DATE SIGNED July 29 - 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/1/50		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart		24d. LOCATION (City, town, or county) (State) Aurora, MD	
DATE REC'D BY LOCAL REG. Aug 2 - 50		REGISTRAR'S SIGNATURE Ora McNett		25. FUNERAL DIRECTOR'S SIGNATURE Oscar Marsh		ADDRESS Aurora, MD	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 8 1950

Dist. File 850-947

Date Filed 8-8-50

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.....

Gene Harrent

working under my personal supervision.

Student Embalmer No. 349

Signed *Gene Harrent*

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address *Aurora 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.