

FILED AUG 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24458

BIRTH NO. _____		REG. DIST. NO. 311		PRIMARY REG. DIST. NO. 4456		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. CHARLES</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>APPLETON CITY</u>		c. LENGTH OF STAY (In this place) <u>1 hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>APPLETON CITY, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLATT HOSPITAL</u>							
3. NAME OF DECEASED a. (First) <u>C. PESTER</u> (Type or Print)			b. (Middle) <u>R.</u>		c. (Last) <u>KNEALE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4-1950</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>Dec 1-1901</u>		9. AGE (In years last birthday) <u>48</u> if UNDER 1 YEAR: Months <u>8</u> Days <u>3</u> if UNDER 28 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONSTRUCTION SHFT.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MAITLAND, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Kneale</u>		13b. MOTHER'S MAIDEN NAME <u>Charanna Nevers</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie May Kneale</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.#2</u>		16. SOCIAL SECURITY NO. <u>48714-4916</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. Kneale - 713 E. 54th St. K.C. Mo.</u> ADDRESS			
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) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				42a 1			
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)		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>14 June, 1950</u> , to <u>4 Aug, 1950</u> , that I last saw the deceased alive on <u>7 Aug, 1950</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter M. Appleton</u> (Degree or title)		23b. ADDRESS <u>Appleton City</u>		23c. DATE SIGNED <u>5 Aug 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>APPLETON CITY</u>		24d. LOCATION (City, town, or county) (State) <u>APPLETON CITY, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Chas. Atney</u> 285		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhart</u> ADDRESS <u>Appleton City, Mo.</u>			

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

730
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RECEIVED 8/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-8-50

DEC 6 1950

MAR 9 1951

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.....
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton, Wis.

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.