

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37343

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 456

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b> 0424	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence San &amp; Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>10826 Truman Road Independence</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>EARL</b> c. (Last) <b>KNIGHT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 24, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Dec. 3, 1892</b>
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Stolsbury, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Washington Knight</b>	
13b. MOTHER'S MAIDEN NAME <b>Amanda E. Shipman</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-14-8824</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ralph Wiley</b>		ADDRESS <b>Indep., Mo</b>	
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) <b>Cerebral Hemorrhage, Right</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b> <b>4 yrs.</b>		DUE TO (c) <b>Hypertension</b> <b>4 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3 2X</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Pathologist</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>W. E. Upsher</b>		(Degree or title) <b>M.D.</b>	
23b. ADDRESS <b>Independence, Mo</b>		23c. DATE SIGNED <b>11/24/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 26, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Rocky Comfort, Mo</b>		24d. LOCATION (City, town, or county) (State) <b>Rocky Comfort, Mo</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 25-1950</b>		REGISTRAR'S SIGNATURE <b>R. M. Mitchell</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. Mitchell</b>		ADDRESS <b>Indep., Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 RECD

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.

Signed

Student Embalmer No. *3156*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3156*

P. O. Address *Delaware*

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.