S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 28 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11717

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 163

**1. PLACE OF DEATH**
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Risco 0720
d. STREET ADDRESS (If rural, give location): 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): George
b. (Middle): Monroe
c. (Last): Knight

**4. DATE OF DEATH** (Month) (Day) (Year): April 6, 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Feb 1 1884
**9. AGE** (In years last birthday): 67 — If under 1 year: Months 2, Days 5 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (State or foreign country): Malden, Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Holt Knight
**13b. MOTHER'S MAIDEN NAME**: Josephine McMillan
**14. NAME OF HUSBAND OR WIFE**: Flora Knight

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
**16. SOCIAL SECURITY NO.**: 495-16-6918
**17. INFORMANT'S SIGNATURE OR NAME**: Flora Knight
**ADDRESS**: Risco, Mo

**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): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 6 9 1 9 1

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac failure
DUE TO (c): Cerebral Hemorrhage — 3

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: -072
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify): ✓
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Risco Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 3-31-51 4 p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☑ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: Dynamite blast to face

22. *I hereby certify that I attended the deceased from* 3-31, 1951, *to* 4-6, 1951, *that I last saw the deceased alive on* 4-6, 1951, *and that death occurred at* 8:15 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: A. D. Markel (Degree or title) M.D.
**23b. ADDRESS**: Poplar Bluff, Mo
**23c. DATE SIGNED**: 4-10-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 7 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Malden Cem.
**24d. LOCATION** (City, town, or county) (State): Malden, Mo

**DATE REC'D BY LOCAL REG.**: April 16 1951
**REGISTRAR'S SIGNATURE**: Wm. H. Johnson 428
**25. FUNERAL DIRECTOR'S SIGNATURE**: DeLisle Funeral Parlor
**ADDRESS**: Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 26 1951
BUTLER CO. HEALTH CENTER
FILE No. 151-177

## 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 Herbert J. Gau Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4800

P. O. Address Portageville

**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.