

No. 300  
10.48  
FILED MAY 7 1951  
STANDARD CERTIFICATE OF DEATH

State File No. **12259**  
Registrar's No. **375**

BIRTH NO. **21432-51** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

396

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>1211 W. Pacific Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Burge Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>SHERRY HARRIETT KNOCKE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 27, 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	
8. DATE OF BIRTH <b>26 Apr 1951</b>		9. AGE (In years last birthday) <b>0</b>		IF UNDER 1 YEAR: MONTHS <b>0</b> DAYS <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Springfield, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.O.</b>					

13a. FATHER'S NAME <b>Harry L. Knocke</b>		13b. MOTHER'S MAIDEN NAME <b>Edna Marie Sims</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Harry L. Knocke, Springfield, Missouri</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>30 hr</b>	
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>		DUE TO (b) <b>Entropion of umbilical cord and one arm</b>			
		ANTECEDENT CAUSES		DUE TO (c) <b>Transverse Presentation</b>			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Transverse Presentation</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>cut very but small</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <b>7610</b>	
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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?	
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22. I hereby certify that I attended the deceased from **1225 April 24**, 1951, to **April 27, 1951**, that I last saw the deceased alive on **April 27, 1951**, and that death occurred at **9:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>609 Cherry Springfield</b>		23c. DATE SIGNED <b>30 April 51</b>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>29 Apr. 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>4-30-51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>W. C. Thomas, Springfield, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

w.m.c.

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.....

*Was not embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ralph H. Thier*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.