

S. No. 300  
v. 10-48

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16317

0420

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Henry.		2. USUAL RESIDENCE (Where deceased lived... If institution, residence before admission) a. STATE Missouri, b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Henry	
c. (Last) Knierim		4. DATE OF DEATH (Month) May (Day) 27 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify) Single	8. DATE OF BIRTH Dec, 17, 1868
9. AGE (In years, months, days) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand	11. BIRTHPLACE (State or foreign country) Ohio,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand		10b. KIND OF BUSINESS OR INDUSTRY Farm,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Knierim		13b. MOTHER'S MAIDEN NAME Nancy Hudson	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydia Knierim Deepwater 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Atherosclerosis. 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 331 X	
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) m.		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 Feb. 8, 1951, to Feb. 17, 1951, that I last saw the deceased alive on Feb. 17, 1951, and that death occurred at 9:30 A. M., from the causes and on the date stated above.			
23a. SIGNATURE Robert H. Haskell, M.D. (Degree or title)		23b. ADDRESS Clinton, Mo.	
23c. DATE SIGNED 5/22/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 28 1951	
24c. NAME OF CEMETERY OR CREMATORY Valley Center Cemetery		24d. LOCATION (City, town, or county) (State) Deepwater Mo	
DATE REC'D BY LOCAL REG May-25-51		REGISTRAR'S SIGNATURE Florence Adair, 1422	
EMERALD DIRECTOR'S SIGNATURE		ADDRESS	

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

RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 5-28-51 .....

MAY 31 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 .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Tom Hurst* .....

Licensed Embalmer No. *2782* .....

P. O. Address *Deepwater Me* .....

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.