S. No. 300
v. 10.48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22368

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5202 Registrar's No. 14

0170

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural" Eugene Twp
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) Warrens Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural" Eugene Twp. 0170
d. STREET ADDRESS (If rural, give location) Warrens Rest Home

3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) — c. (Last) KNIER

4. DATE OF DEATH (Month) (Day) (Year) July 27 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Oct 10 1869
9. AGE (In years last birthday) 81 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) Retired, Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Carroll Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Knier
13b. MOTHER'S MAIDEN NAME Mary Lane Heart
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT'S SIGNATURE OR NAME John W Knipschild ADDRESS Hardin 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) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Apoplexy
DUE TO (c)

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 334 X
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.) ✓
21c. (CITY, TOWN, OR TOWNSHIP) Eugene (COUNTY) Carroll (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8 P m., from the causes and on the date stated above.*

23a. SIGNATURE Ray Dickerson (Degree or title) Coroner
23b. ADDRESS Bogard Mo
23c. DATE SIGNED July 27-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 29 1951
24c. NAME OF CEMETERY OR CREMATORY Hardin Cem.
24d. LOCATION (City, town, or county) Hardin (State) Mo

DATE REC'D BY LOCAL REG. July 31-51
REGISTRAR'S SIGNATURE Pearl Koch 47
25. FUNERAL DIRECTOR'S SIGNATURE John W Knipschild ADDRESS Hardin Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 3 1954
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Ben F. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.