

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22492

State File No. _____

FILED JUL 25 1951

Registrar's No. 186

| | | | | | | | |
|---|------------------------|---|--|---|------------------------------------|--|-------------|
| BIRTH NO. _____ | | REG. DIST. NO. 77 | | PRIMARY REG. DIST. NO. 3016 | | Registrar's No. 186 | |
| 1. PLACE OF DEATH a. COUNTY COLE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MTSSOURI b. COUNTY COLE | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON CITY, MO. | | c. LENGTH OF STAY (In this place) 4 DAYS | | c. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON CITY | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 12222 CARTER STREET | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) OTTO | | b. (Middle) ANDREW | | c. (Last) KNERNSCHIEDL | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 18, 1951 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH JAN. 5, 1899 | 9. AGE (In years last birthday) 52 | 10. MONTHS 6 | 11. DAYS 13 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAPITAL CITY WATER CO | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) LOHMAN, MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 13a. FATHER'S NAME FRED KNERNSCHIEDL | | 13b. MOTHER'S MAIDEN NAME EMMA LINDHARDT | | 14. NAME OF HUSBAND OR WIFE EMMA HACKMAN, HILDA | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 90-30-9798 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Knernschield | | ADDRESS J. C. MO | |
| 18. CAUSE OF DEATH (Enter only one cause per major (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES (b) Arteriosclerosis (c) Arteriosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 4 day years year | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331X | | | | 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 July 2, 1951, to July 15, 1951, that I last saw the deceased alive on July 15, 1951, and that death occurred at 5 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Emma A. Dwyer M.D. | | | | 23b. ADDRESS Jefferson City | | 23c. DATED SIGNED 7-15-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE JULY 21, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION | | 24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO. | |
| DATE REC'D BY LOCAL REG. July 21 - 1951 | | REGISTRAR'S SIGNATURE R. R. Harris M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE S. J. ... | | ADDRESS J. C. MO. | |

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

0264

RECEIVED 7-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-24-51

507
141
85

1951
JUL 27 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 Sydney Dulla

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 22492

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this March 1 day of 1952, before me appears Mr. Hilda

Knerschield who, upon her oath, states that the original record of ~~birth~~ death
for Otto A. Knerschield ^{born} July 18, 1901 in the State of
Missouri, and which was filed at _____ on 6 1951, should be corrected as follows:

Item No. 14 should read Hilda

Instead of _____ Emma

Item No. 17 should read Hilda

Instead of _____ Emma

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Hilda Knerschield Relationship.

1222 Carter
Present Address S. C. MO.

Subscribed and sworn to before me this 1st day of March, 1952

My Commission expires September 13, 1953 Betty Lee Chapman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.