

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27800

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY Pettis 0804		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia 0804	
c. LENGTH OF STAY (In this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 1323 S. Barrett 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) _____ c. (Last) KNIGHT			4. DATE OF DEATH (Month) (Day) (Year) August 16, 1951			
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 1, 1875	9. AGE (In years last birthday) 75	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY * * * * *		11. BIRTHPLACE (State or foreign country) Le Roy, Illinois		12. CITIZEN OF WHAT COUNTRY? /

13a. FATHER'S NAME John Teter	13b. MOTHER'S MAIDEN NAME Henritta Coffey	14. NAME OF HUSBAND OR WIFE Harry S. Knight
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) * * * * *	16. SOCIAL SECURITY NO. * * * * *	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. L. Knight, Hughesville, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia.		DUE TO (b) Recurrent Carcinoma of the Rt. Breast.		12 hrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arterio Sclerosis. Advanced.		Over 3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None in this illness. Medical only.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 170X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.	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 **over 1 year** to **August 16th 1951**, that I last saw the deceased alive on **August 16th 1951**, and that death occurred at **10.30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)	23b. ADDRESS Sedalia, Missouri.	23c. DATE SIGNED 8-17-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 19, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park
		24d. LOCATION (City, town, or county) (State) Sedalia, Mo

DATE REC'D BY LOCAL REG. 8/20/1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Sedalia, Mo
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GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

8-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-21-51

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 _____

W. Sechart

Licensed Embalmer No. 3470

P. O. Address _____

Salina, 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.