

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10.48

BIRTH NO. 35374-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1046

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>1117</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | d. STREET ADDRESS (If rural, give location) 612 N. 14th Street <u>0</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Jill | b. (Middle) Ann | c. (Last) Knight | 4. DATE OF DEATH (Month) (Day) (Year) October 7, 1951. |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0 | 8. DATE OF BIRTH June 9, 1951. | 9. AGE (In years last birthday) 3 Months 28 Days | IF UNDER 1 YEAR 0 Hours 0 Mins. | IF UNDER 24 HRS. 0 Hours 0 Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri. | 12. CITIZEN OF WHAT COUNTRY? USA | | |

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| 13a. FATHER'S NAME Jack Knight | 13b. MOTHER'S MAIDEN NAME Phyllis Canning | 14. NAME OF HUSBAND OR WIFE None |
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| 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 Jack Knight | ADDRESS St. Joseph, Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 20 hrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration anoxia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Vomiting, cause undetermined | | 1 mo. |

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| 19a. DATE OF OPERATION 10/6/51 | 19b. MAJOR FINDINGS OF OPERATION Branch occluded by mucus - E9220 22 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 6/9/10/6 1951, to 10/7, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:10A m., from the causes and on the date stated above.

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| 23a. SIGNATURE Charles J. Shubin (Degree or title) M.D. | 23b. ADDRESS 902 Edmund St. | 23c. DATE SIGNED 10/8/51. |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5 | 24b. DATE Oct. 10, 1951. | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Lawrence, Kansas. |
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| DATE REC'D BY LOCAL REG. October 11, 1951 | REGISTRAR'S SIGNATURE Carl C. Cash | 5. FUNERAL DIRECTOR'S SIGNATURE Walter Reichhoffer | ADDRESS St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed

Raymond W. Marches

Signed.....***.....*****
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.