

No. 300
v. 10-48

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36743

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3016 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Jefferson City</u> c. LENGTH OF STAY (In this place) <u>two weeks</u>		c. CITY OR TOWN <u>Neosho</u> <u>6730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1-</u>	

3. NAME OF DECEASED (Type or Print) <u>Walter A. Knight</u>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5 1883</u>	9. AGE (In years last birthday) <u>68</u> Months <u>6</u> Day <u>17</u>	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Weightmaster</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Smelting</u>	11. BIRTHPLACE (State or foreign country) <u>Knights Station, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Knight</u>	13b. MOTHER'S MAIDEN NAME <u>Almeda Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Roline Knight</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roline Knight-Neasbo</u> ADDRESS <u>Rt. 1</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>e abdominal carcinomatosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			

19a. DATE OF OPERATION <u>11-7-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Abdominal carcinomatosis, primary colon</u>	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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10-30, 1951, to 11-16, 1951, that I last saw the deceased alive on 11-16, 1951, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles Baker, M.D.</u>	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>11/17/51</u>
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24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 18-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dudman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 17-1951</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Gunn</u> ADDRESS <u>700 Jefferson</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 24 1951

NOV 27 1951

NOV 27 1951

NOV 27 1951

10001

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 [Signature]

Licensed Embalmer No. 3641

P. O. Address [Signature]

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.