

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40814  
State File No. 40814  
Registral No. 5431

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH  
a. COUNTY Butler  
b. CITY (If outside corporate limits, write RURAL and give name of town) Ponlar Bluff  
c. LENGTH OF STAY (In this place) 1 wk.  
d. FULL NAME OF HOSPITAL OR INSTITUTION Ponlar Bluff, Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
a. STATE Missouri b. COUNTY Butler  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Broseley, Mo. R. 1.  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) James b. (Middle) Pyton c. (Last) Mc Knight  
4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH June 26, 1885 9. AGE (In years last birthday) 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Jefferson Co. Ill. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Phillip McKnight 13b. MOTHER'S MAIDEN NAME Missouri Blades 14. NAME OF HUSBAND OR WIFE deceased

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 rank McKnight Moark, Ark. ADDRESS \_\_\_\_\_

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebrovascular Accident  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arterio sclerosis, Generalized  
DUE TO (c) Hypertensive Cardiac Vascular Disease  
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 \_\_\_\_\_ 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) (COUNTY) (STATE) 443 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 Dec 11, 1951, to Dec 27, 1951, that I last saw the deceased alive on Dec 27, 1951, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Hinkson M.D. 23b. ADDRESS Ponlar Bluff Missouri 23c. DATE SIGNED 12/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 28, 51 24c. NAME OF CEMETERY OR CREMATORY Brown Chapel Cem. 24d. LOCATION (City, town, or county) (State) Broseley, Mo. R. 1.

DATE REC'D BY LOCAL REG. Dec 30 1951 REGISTRAR'S SIGNATURE W. H. Johnson 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funerals Service, Dexter, Mo. ADDRESS \_\_\_\_\_

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

RECEIVED  
JAN 8 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 152-8

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Walter Marsh Watkins

Signed.....  
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Gexter, 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.