

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43753

State File No.

FILED JAN 4 1952

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 6113 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Moreland Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Moreland Twp.</u>	
c. LENGTH OF STAY (in this place) <u>38 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Commerce R. R. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Commerce R. R. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THECLA</u> b. (Middle) <u>C.</u> c. (Last) <u>KNIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 24, 1951</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>December 19, 1913</u>		9. AGE (In years last birthday) <u>38</u> Months <u>0</u> Days <u>5</u>		10. IF UNDER 1 YEAR: Hours <u>5</u> Min.	
-------------------------	--	----------------------------------	--	--	--	--	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Scott County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>Louis J. Westrich</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Kilheafner</u>		14. NAME OF HUSBAND OR WIFE <u>Bryan Knight</u>	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bryan Knight</u>		ADDRESS <u>Commerce, Mo. R. 1</u>	
---	--	--------------------------------------	--	--	--	--------------------------------------	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Uterus</u>			
		DUE TO (c)			
		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 <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) (Min.)		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 12-30, 1951, to 12-24, 1951, that I last saw the deceased alive on 12-24, 1951, and that death occurred at 12:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. P. Brogan, Jr.</u> (Degree or title) <u>D. O.</u>		23b. ADDRESS <u>Benton, Mo.</u>		23c. DATE SIGNED <u>12-26-51</u>	
---	--	------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 27, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>New Hamburg, Missouri</u>	
--	--	-----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Dec. 27-51</u>		REGISTRAR'S SIGNATURE <u>Ms. Addie Harris</u>		395-10		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walther's Funeral Home</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	
---	--	--	--	--------	--	---	--	---------------------------------------	--

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

RECEIVED ³¹ DEC 26 195

SCOTT COUNTY HEALTH CENTE

CO. FILE NO. 1251-2

1251-2

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

Virgil K. Helch

Signed.....
Student Embalmer

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.