

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3874

State File No.

No. 300
10-48

FILED FEB 20 1952

BIRTH NO.		REG. DIST. NO. <u>2</u>	PRIMARY REG. DIST. NO. <u>4009</u>	Registrar's No. <u>9</u>
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>SAVANNAH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH 0020</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>Allen</u> c. (Last) <u>McKnight</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-16-1868</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Andrew Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James P. McKnight</u>		
13b. MOTHER'S MAIDEN NAME <u>Sarah Cowles</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie McKnight</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Sadie McKnight Savannah</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia, Terminal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension</u> 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 type="checkbox"/> <u>331X</u>
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) m.		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 <u>10-4</u> , 19 <u>51</u> , to <u>2-9</u> , 19 <u>52</u> that I last saw the deceased alive on <u>2-9</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Gilbert B. Kelley MD</u>		23b. ADDRESS <u>Savannah Mo</u>		23c. DATE SIGNED <u>2-11-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>2-12-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>
24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home Savannah Mo</u>		
DATE REC'D BY LOCAL REG <u>2-12-52</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

020
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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

E. C. Breit

Licensed Embalmer No. *2650*

P. O. Address *Savannah Ga*

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.