

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7664

State File No.

No. 300
10.48

FILED MAR 23 1952

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3009

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson mo</u>		0161					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>434 Greenberry Road</u>				d. STREET ADDRESS (If rural, give location) <u>434 Greenberry Road</u>							
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)					
		<u>Minnie</u>		<u>Rebecca</u>		<u>McKnight</u>					
5. SEX <u>7</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>May 16-1876</u>					
				<u>widowed</u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					
13a. FATHER'S NAME <u>Fredrick Madge</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			13c. NAME OF HUSBAND OR WIFE <u>Daniel McKnight</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. H. Meyer</u> ADDRESS <u>Londonville</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION							
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of rectum</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 mos.</u>			
				ANTECEDENT CAUSES				DUE TO (b) _____			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION <u>Aug 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum</u>				154X		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) 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>Aug 1, 1951</u> , to <u>Mar 17, 1952</u> , that I last saw the deceased alive on <u>Jan 16, 1952</u> , and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>J. N. Jaeger M.D.</u> (Degree or title)				23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>3-18-52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>4 Mi. E. Jackson mo</u>					
DATE REC'D BY LOCAL REG. <u>May 8-52</u>		REGISTRAR'S SIGNATURE <u>D. J. Siberto</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Denette Howard</u>		ADDRESS <u>Jackson mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 3 1938

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 R. O. Laid

Licensed Embalmer No. 45-38

P. O. Address Jackson, 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.