

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8030**

**MAR 31 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **310**

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
c. LENGTH OF STAY (In this place) <b>10 days</b>		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>628 North Robberson Avenue</b>	
3. NAME OF DECEASED a. (First) <b>WILLARD</b> b. (Middle) _____ c. (Last) <b>KNEEDLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 26, 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 14, 1876</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR <b>8</b> Months <b>16</b> Days	IF UNDER 24 HRS. _____ Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Ringo County, Iowa /</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Lewis Kneedler</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Walters</b>	14. NAME OF HUSBAND OR WIFE <b>Lida Kneedler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Durant</b> ADDRESS <b>707 S. Forrest Ave</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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)	<b>4200</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <b>3/17/52</b> , to <b>3/26</b> , 19 <b>52</b> that I last saw the deceased alive on <b>3/26</b> , 19 <b>52</b> , and that death occurred at <b>9:15 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Edward Marcus M.D.</b>		23b. ADDRESS <b>Springfield, Missouri</b>	23c. DATE SIGNED <b>3/26/1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3/29/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-27-52</b>	REGISTRAR'S SIGNATURE <b>James H. Amos, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ayre-Goodwin Fun'l Service, Spgfld,</b>	

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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 William E. Freer

Licensed Embalmer No. 4733

P. O. Address Springfield, 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.