

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9279

State File No. ....  
Registrar's No. .... 77

140  
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>4384</u>		Registrar's No. .... <u>77</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Nodaway</u>		b. CITY (If outside corporate limits, write BURIAL and give township) <u>Skidmore</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>		a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write BURIAL and give township) <u>Skidmore</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write BURIAL and give township) <u>Skidmore</u>		b. COUNTY <u>Nodaway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>1740</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>NEIL</u>			b. (Middle) <u>CLINTON</u>			c. (Last) <u>KNEPPER</u>	
(Type or Print)			(Month) (Day) (Year) <u>March 22, 1952</u>			Male	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 14, 1907</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Atchison Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas Clinton Knepfer</u>			13b. MOTHER'S MAIDEN NAME <u>Lillian C. Barber</u>			14. NAME OF HUSBAND OR WIFE <u>Mildred Knepfer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>544-10-0128</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Neil Knepfer, Skidmore, Mo.</u>		
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wadkins disease, Generalized</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>Unknown</u>			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. <u>201X</u>			
18a. DATE OF OPERATION <u>Mar 1, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Wadkins disease, acute type, of lymph node</u>				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) _____		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>Mar 1</u> , 19 <u>51</u> , to <u>Mar 22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Mar 3</u> , 19 <u>52</u> , and that death occurred at <u>6:55 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Marvin H. Schoeler</u> (Degree or title)				23b. ADDRESS <u>Rush Post Box</u>		23c. DATE SIGNED <u>24 Mar 52</u>	
24a. BURIAL CREAM, TANNING, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Skidmore Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-29-52</u>		REGISTRAR'S SIGNATURE <u>Gene Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvin H. Schoeler</u> ADDRESS <u>Fairfax Mo.</u>			

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.....

*Merwin N. Schuster*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4162*

P. O. Address *Fairfax Missouri*

**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.