.S. No. 300
EV. 10.48

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5517 State File No. 12729

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 19

0420
1

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

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Tebo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Tebo 0420
d. STREET ADDRESS (If rural, give location): Calhoun R 1

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Byron
c. (Last): McKnight

4. DATE OF DEATH (Month) (Day) (Year): 4 28 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid. 2
8. DATE OF BIRTH: April 24 1880
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Linn Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James D McKnight
13b. MOTHER'S MAIDEN NAME: Ann Shirley
14. NAME OF HUSBAND OR WIFE: Mary Catherine McKnight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 0 (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S SIGNATURE OR NAME: Mrs C. G. Laube 1816 E 70th St K.C. Mo
ADDRESS

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): GUNSHOT WOUND OF SKULL — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ E976X

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): HENRY MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): APRIL 28 1952 2 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: SELF INFLICTED

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh B. Walker, MD Coroner
23b. ADDRESS: Clinton, Mo
23c. DATE SIGNED: 30 April 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 30
24c. NAME OF CEMETERY OR CREMATORY: Calhoun Cemetery
24d. LOCATION (City, town, or county) (State): Calhoun Mo.

DATE REC'D BY LOCAL REG.: April 30 52
REGISTRAR'S SIGNATURE: Florence Adair 4-2
25. FUNERAL DIRECTOR'S SIGNATURE: J A Housey
ADDRESS: Calhoun Mo

(Licensed Embalmer's Statement on Reverse Side)

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 J. A. Housey

Licensed Embalmer No. 3502

P. O. Address Dalhousie Jct

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.