

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13454

13454

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (In this place) 16 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington 0570		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital			d. STREET ADDRESS (If rural, give location) 2 miles South on 13 Highway		
3. NAME OF DECEASED (Type or Print) Clara M. Knapheide			4. DATE OF DEATH (Month) (Day) (Year) April 23 - 1952		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 27, 1892		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (State or foreign country) Levasy, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Frederick Wm. Knapheide		13b. MOTHER'S MAIDEN NAME de Matilda M. Schnieder		14. NAME OF HUSBAND OR WIFE (Never Married)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. Lost	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Knapheide Buckner, Mo.		
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) Gunshot wound of head ANTECEDENT CAUSES Wound entering left temple, passing through eye, penetrating forehead. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2nd Caliber rifle, U.S. put by brother. DUE TO (b) Legit. death forewarned. DUE TO (c) who then committed suicide II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E981X				INTERVAL BETWEEN ONSET AND DEATH 16 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at her home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Lexington Lafayette Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 23 - 1952 7A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot by brother with homicidal intent	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. M. Mester M.D.			23b. ADDRESS O. Lessa M.		23c. DATE SIGNED 4-23-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Ap. 27, '52	24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cemetery		24d. LOCATION (City, town, or county) (State) Buckner Mo.
DATE REC'D BY LOCAL REG. 4-30-52		REGISTRAR'S SIGNATURE M. S. Eastabrook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vernon M. Reppert Buckner, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 8 1952

RECEIVED

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, on 10/8/52

~~Student Embalmer~~

~~working under my personal supervision~~

~~Student~~ .....

Signed Ralph O Jones  
Licensed Embalmer No. 4604  
P. O. Address Duckner, Ma

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.