.S. No. 300
ev. 10.48

FILED MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13460

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 33

0540
1

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (In this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles south on 13 hy.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 0540
d. STREET ADDRESS (If rural give location): 2 miles South Rural on 13 hy.

3. NAME OF DECEASED (Type or Print)
a. (First): Otto
b. (Middle):
c. (Last): Knapheide

4. DATE OF DEATH (Month) (Day) (Year): April 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Sept 10 - 1899
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 7, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (City and State or Foreign Country): Lof. Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fredrick Knapheide
13b. MOTHER'S MAIDEN NAME: Matilda M. Schnieder
14. NAME OF HUSBAND OR WIFE: Charlotte Knapheide

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World I Yes
16. SOCIAL SECURITY NO.: 490-24-2494
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Otto Knapheide, Lexington 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): Suicide by gun shot.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Shot in middle of forehead
DUE TO (c): by 22 Calibre Rifle

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
This man has been a patient in a mental hospital several years ago

INTERVAL BETWEEN ONSET AND DEATH: instant
E976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No 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.): at his home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lexington Lafayette Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 - 23 - 52 5 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Gunshot

22. *I hereby certify that I attended the deceased from* after death, 19 On, *to* 4-23, 19 52, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W C Martin Mo
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 4-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-27-52
24c. NAME OF CEMETERY OR CREMATORY: Buckner
24d. LOCATION (City, town, or county) (State): Buckner, Mo

DATE REC'D BY LOCAL REG.: 4-30-52
REGISTRAR'S SIGNATURE: Minerva E. Eastabrook 156-0
25. FUNERAL DIRECTOR'S SIGNATURE: Forrest F. Tempel — ADDRESS: Lexington Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1953

JUN 26 1953

OCT 8 1952

AUG 26 1952

JAN 11 1952

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 Forrest F. Grupel

Licensed Embalmer No. 3205

P. O. Address Lexington, Nev

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.