

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16207**

FILED MAY 26 1952

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>36</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. LENGTH OF STAY (in this place) <b>10 yr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton Mo</b>		d. STREET ADDRESS (If rural, give location) <b>310 North 3rd St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Welch Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>310 North 3rd St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ava</b>		b. (Middle) <b>Edward</b>		c. (Last) <b>Knight</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 11-52</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>12-21-1874</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Days <b>0</b>		IF UNDER 1 MONTH Hours <b>0</b>		IF UNDER 1 MIN. Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacob Knight</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Stark</b>		14. NAME OF HUSBAND OR WIFE <b>Ora Knight</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>4222</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ora Knight</b> ADDRESS <b>Clinton</b>			
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Insufficiency</b> DUE TO (c) <b>Aneurysm</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4222	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>April 1, 1951</b> , to <b>May 11, 1952</b> , that I last saw the deceased alive on <b>May 11, 1952</b> , and that death occurred at <b>9:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert H. Ashbell, M.D.</b>		23b. ADDRESS <b>Clinton, Mo</b>		23c. DATE SIGNED <b>5-12-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Harro Bend</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>	
DATE REC'D BY LOCAL REG. <b>May-12-52</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred W. Peterson</b> ADDRESS <b>Clinton</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Licensed Embalmer No. 2478

P. O. Address Clinton 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.

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