

5. No. 300  
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17442**

FILED JUN 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3053** Registrar's No. **183**

0804

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

1. PLACE OF DEATH a. COUNTY <b>Pettie</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettie</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaMonte</b>		<b>0804</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Memorial</b>			d. STREET ADDRESS (If rural, give location) <b>1</b>		
3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) <b>Houston</b> c. (Last) <b>Knaus</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 27 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 4 1915</b>		9. AGE (In years last birthday) <b>37</b> IF UNDER 1 YEAR Months <b>8</b> Days <b>23</b> IF UNDER 24 HRS. Hours Min.
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		11. BIRTHPLACE (State or foreign country) <b>Knobnoster Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John W. Knaus</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Emig</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Emma Knaus</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Emma Knaus</b>		ADDRESS <b>LaMonte Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain tissue destruction from skull fracture</b>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Automobile accident.</b>					
DUE TO (c)					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>W. Hwy 50 East of LaMonte, Mo.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>LaMonte Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5 27 52 5:30 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile accident of Pettie County</b>	
22. I hereby certify that I attended the deceased from <b>the body of the deceased as deputy coroner of Pettie County</b> on <b>5-27</b> , 19 <b>52</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.					
23. SIGNATURE <b>J. M. Rodeman, M.D. Deputy Coroner</b> (Degree or title) <b>3</b>			23b. ADDRESS <b>Sedalia, Missouri</b>		23c. DATE SIGNED <b>5-28-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-1-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wampler Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Knobnoster Mo.</b>
DATE REC'D BY LOCAL REG. <b>6/9-1952</b>		REGISTRAR'S SIGNATURE <b>C. J. Campbell M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Earl M. Moore LaMonte Mo</b> ADDRESS	

251-1

(Licensed Embalmer's Statement on Reverse Side)

MS DEC 11 1959

JAN 13 1954

**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 Paul M. Morse

Licensed Embalmer No. 3923

P. O. Address La Mesa, Me.

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.