

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20282

FILED JUL 1 - 1952

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5536 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN OREGON) c. LENGTH OF STAY (In this place) 44 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON LEWIS TWP. 0426	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ELIZABETH	b. (Middle) CATHERINE	c. (Last) MARKT	JUNE 23 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 4, 1857	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OBERZELL, GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME KNOLL	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JACOB WILLIAM KNOBLE FREDERICK MARKT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME FRED KNOBLE ADDRESS SIOUX CITY, IOWA

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LYMPH GLANDS (ADENO-CARCINOMA)		INTERVAL BETWEEN ONSET AND DEATH 2 YEARS
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, if any, giving rise to the above cause, (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. BURGER'S DISEASE.		3 MO.	

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)	21b. PLACE OF INJURY (e.g., in 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 3-1, 1952, to 6-23, 1952, that I last saw the deceased alive on 6-21, 1952, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. H. E. Calahan (Degree or title) D.O.	23b. ADDRESS Oregon Mo.	23c. DATE SIGNED 6-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 25, 1952	24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE	24d. LOCATION (City, town, or county) (State) OREGON, MO.
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DATE REC'D BY LOCAL REG. 6-25-1952	REGISTRAR'S SIGNATURE James H. Crawford	25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew ADDRESS Oregon Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.