

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20300

State File No. ....

~~FILED~~ JUL 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 23

461  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Newport</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jewell</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u> <u>0461</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>206 Cherry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or Print) A. (First) <u>Eugene</u> b. (Middle) <u>Claude</u> c. (Last) <u>Knight</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-19-52</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>6-7-1868</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR <u>Day</u>	11. UNDER 4 HRS. <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Univ of Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>Farmers City, Okla.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robt Knight</u>	13b. MOTHER'S MAIDEN NAME <u>Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Clara G. Knight</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>3</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. C. Knight</u>	ADDRESS <u>West Plains, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation with Edema &amp; Ascites</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>4343</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11 Apr, 1952 to 16 May, 1952, that I last saw the deceased alive on 16 May, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Beulah D. M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>26-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10</u>	24b. DATE <u>5/18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jewell</u>	24d. LOCATION (City, town, or county) (State) <u>Jacomo, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-1-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>	ADDRESS <u>West Plains, Mo.</u>
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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

*A. D. Robertson*

Licensed Embalmer No. 3437

P. O. Address West Plains, 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.