No. 200
10-49

FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29158

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 274

1. PLACE OF DEATH
a. COUNTY St. Francois 0941 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before)
a. STATE Missouri
b. COUNTY St. Francois 0941
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington Mo 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last)
Lula Del(Birdie) Knowles

4. DATE OF DEATH (Month) (Day) (Year) Aug 31 1952

5. SEX female /

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3

8. DATE OF BIRTH July 5 1877

9. AGE (In years on last birthday) 75 If under 1 year: Months 1 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. H. Mitchell

13b. MOTHER'S MAIDEN NAME Catherine Mahala

14. NAME OF HUSBAND OR WIFE J. A. Knowles, ex-husb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Papinta Knowles **ADDRESS** Farmington Mo

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) Adeno-Carcinoma (Gastric) — INTERVAL BETWEEN ONSET AND DEATH

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. 151X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Large Adenocarcinoma Metastasis to liver pancreas & Colon.

20. AUTOPSY? YES ☐ No ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10 *19*52*, to* Aug 31 *, 19*52*, that I last saw the deceased alive on* Aug 30 *, 19*52*, and that death occurred at* 6a *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. Geo. R. Watkins M.D. (Degree or title)

23b. ADDRESS Farmington Mo.

23c. DATE SIGNED 9-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Sept 2 1952

24c. NAME OF CEMETERY OR CREMATORY Bonne Terre

24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.

DATE REC'D BY LOCAL REG. Sept 4, 1952

REGISTRAR'S SIGNATURE Esther Rudolph

25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean **ADDRESS** Farmington, Mo.

(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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.