

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37750**

No. 300  
10.48

FILED NOV 17 1952

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1157

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>1117</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>3009 Edmond Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3009 Edmond Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eldon</b> b. (Middle) <b>Robert</b> c. (Last) <b>McKnight</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 30, 1952</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married <b>Married</b>	8. DATE OF BIRTH <b>December 27, 1894</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman Cover Dep't.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tablet Factory</b>		11. BIRTHPLACE (State or foreign country) <b>Ridgely, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US A</b>

13a. FATHER'S NAME <b>George McKnight</b>		13b. MOTHER'S MAIDEN NAME <b>Lina Staniford</b>		14. NAME OF HUSBAND OR WIFE <b>Garnett Marie Mc Knight</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-09-4301</b>		17. INFORMANT'S SIGNATURE OR NAME <b>St. Joseph, Mo. Mrs. Garnett Marie McKnight</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
		ANTECEDENT CAUSES DUE TO (b) <b>Coronary sclerosis</b>			<b>4 yrs.</b>
		DUE TO (c) <b>Arterio-sclerosis hypertensive</b>			<b>5 yrs.</b>
		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 <b>4201</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 6/23, 1948, to 10/30, 1952, that I last saw the deceased alive on 10/29, 1952, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE <b>G. T. Bloomer, M.D.</b>		23b. ADDRESS <b>1218 N. 3d St. Joseph, Mo.</b>		23c. DATE SIGNED <b>11/1/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 1, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	

DATE REC'D BY LOCAL REG. <b>Nov. 8, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Herberhofer</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

**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.....<sup>\*\*\* \*\*</sup>

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..... Student Embalmer No. ....<sup>\*\*\*\*\*</sup>

working under my personal supervision.

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Student .....

Student Embalmer

Signed Raymond H. Moreland

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

**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.