

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44203

State File No. _____

No. 300
10.48

FILED JAN 6 - 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4478</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY OR TOWN <u>Lancaster MO</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Lancaster Mo, Schuyler</u>		d. STREET ADDRESS (If rural, give location) <u>No street number</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lancaster Mo</u>				d. STREET ADDRESS (If rural, give location) <u>09801</u>			
3. NAME OF DECEASED (Type or Print) <u>Fred</u>		a. (First) <u>FRED</u>		b. (Middle) (none)		c. (Last) <u>KNOPP</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31 1952</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 11, 1887</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RR Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.&Q. RR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Knopp</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Elizabeth Euchert</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Fitterer Knopp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Erlyn Goldbach</u> ADDRESS <u>Burlington</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>High blood pressure</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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		331X		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)		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 <u>Mar 26, 1952</u> , to <u>Dec 31, 1952</u> , that I last saw the deceased alive on <u>Dec 31, 1952</u> , and that death occurred at <u>10:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.E. Vaughn</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Lancaster, Mo.</u>		23c. DATE SIGNED <u>12/31/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Dec. 31, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Burlington, Iowa.</u>	
DATE REC'D BY LOCAL REG. <u>12/31/52</u>		REGISTRAR'S SIGNATURE <u>Jessie Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brice J. Norman</u>		ADDRESS <u>Lancaster Mo</u>	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Fred Gerth

Licensed Embalmer No. 4-2-56

P. O. Address Memphis

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.