

FILED MAR 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5000**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5135** Registrar's No. **78**

1. PLACE OF DEATH
 a. COUNTY **Butler**
 b. CITY (If outside corporate limits, write RURAL and give town(ship) OR **Rural - Ash Hill Twp**)
 c. LENGTH OF STAY (In this place) **-**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **2 1/2 mi S E of Broseley, Mo**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Wyoming** b. COUNTY **Goshen**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Torrington** **8490**
 d. STREET ADDRESS (If rural, give location) **2510 West C Street**

3. NAME OF DECEASED
 a. (First) **PHILLIP** b. (Middle) **LEE** c. (Last) **KNIGHT**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Feb 14 1953

5. SEX **Male** **6. COLOR OR RACE** **Caucasian** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Never Married** **8. DATE OF BIRTH** **16 August 1931** **9. AGE (In years last birthday)** **21** **IF UNDER 1 YEAR** Months **-** Days **-** **IF UNDER 10 HRS.** Hours **-** Min. **-**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Student** **10b. KIND OF BUSINESS OR INDUSTRY** **U. S. Air Force** **11. BIRTHPLACE** (State or foreign country) **Sargent, Nebraska** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **John Gardner Knight** **13b. MOTHER'S MAIDEN NAME** **unk** **14. NAME OF HUSBAND OR WIFE** **NO NE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **Enlisted 3 Oct 52** **16. SOCIAL SECURITY NO.** **505-32-7587** **17. INFORMANT'S SIGNATURE OR NAME** **Personnel Officer, Malden Air Base, Mo** **ADDRESS**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Injuries, multiple, extreme**
ANTECEDENT CAUSES **Rupture, traumatic, heart. Fracture, DUE TO** **compression cervical vertebrae, 11th and Sudden**
12th thoracetic vertebrae with complete DUE TO **presence of spinal cord. Hemothorax Sudden**
II. OTHER SIGNIFICANT CONDITIONS **traumatic. Hemorrhage, traumatic, n.e.c., Sudden**
Conditions contributing to the death but not related to the disease or condition causing death **massive subdural. Wound lacerated liver**

19a. DATE OF OPERATION **-** **19b. MAJOR FINDINGS OF OPERATION** **E860X** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **ACCIDENT** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **Military aircraft** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **Broseley, 012 Butler Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Feb 14 1953 900 a.m.** **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** **Military aircraft accident - findings pending.**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 900 a.m., from the causes and on the date stated above.

23a. SIGNATURE **John A. Dyer** (Degree or title) **Capt. USAF (MC)** **23b. ADDRESS** **USAF Infirmary, Malden Air Base, Missouri** **23c. DATE SIGNED** **16 Feb 53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** **24b. DATE** **2-19-53** **24c. NAME OF CEMETERY OR CREMATORY** **SARGEANT** **24d. LOCATION** (City, town, or county) (State) **SARGEANT NEBRASKA**

DATE REC'D BY LOCAL REG. **Feb. 17, 1953** **REGISTRAR'S SIGNATURE** **Wm. H. Johnson** **428** **25. FUNERAL DIRECTOR'S SIGNATURE** **DAY FUNERAL HOME** **ADDRESS** **MALDEN, MO**

(Licensed Embalmer's Statement on Reverse Side)

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

20

RECEIVED

FEB 27 1953
BUTLER CO. HEALTH CENTER
FILE No. 253-88

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. G. Scherman

Licensed Embalmer No. 4086

P. O. Address Malden

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.