

No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5030

State File No.

143

ED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>CA LLOWAY MISSOURI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON MISSOURI</u>		c. LENGTH OF STAY. (In this place) <u>21 M</u>	c. CITY OR TOWN <u>LOHMAN MO</u> <u>0260/1</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>KATH</u>	b. (Middle)	c. (Last) <u>KNERNSCHIED</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>FEB.</u> <u>24th</u> <u>1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG -10 1867</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>14</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>KEEPING OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOHMAN MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>NO RECORD</u>	13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN KNERNSCHIED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u>	ADDRESS <u>FULTON 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE DILATATION OF HEART</u>		INTERVAL BETWEEN ONSET AND DEATH <u>FEW MINUTES</u>
	ANTECEDENT CAUSES 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 MAY* 10, 1951, to Feb- 24- 53, that I last saw the deceased alive on Feb- 24, 1953, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Fulton Mo/</u>	23c. DATE SIGNED <u>2/24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/24/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Enloe</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 24 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	426-	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Russellville MO</u>
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(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.....
Signature of Student Embalmer

Signed *Wingo K. Schubert*

Licensed Embalmer No. *9820*

P. O. Address *Russellville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.