

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11053**

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6626</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Carroll typ</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Carroll</u>			
c. LENGTH OF STAY (In this place) <u>70 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>near Greeley</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x 1/2 mi S.E. of Greeley</u>				d. STREET ADDRESS (If rural, give location) <u>near Greeley</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeanette</u> b. (Middle) <u>Mason</u> c. (Last) <u>Knapheide</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 30 1953</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 9 1872</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boody Ill</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Boody Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Philander Sweet</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Rodger</u>	
13a. FATHER'S NAME <u>Philander Sweet</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Rodger</u>		14. NAME OF HUSBAND OR WIFE <u>John Frederick Knapheide</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>x</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edwin Mason Alton Ill</u>			
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) <u>Tamponade of the left ventricle</u> ANTECEDENT CAUSES <u>book</u> Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>valvular heart deficiency.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>3ant</u> <u>20.11</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____	
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>Feb 15</u> , 1953, to <u>March 30 1953</u> , that I last saw the deceased alive on <u>March 18 1953</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Tom Siskatrick MD.</u> (Degree or title)				23b. ADDRESS <u>Leeterville Mo</u>		23c. DATE SIGNED <u>4/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>April 1 / 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greeley Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Greeley Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/3/53</u>		REGISTRAR'S SIGNATURE <u>Tom Siskatrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Spence</u>		ADDRESS <u>Palmer Mo</u>	

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

Received 4-13-53

Reynolds County Health Cen

File No. 453 - 2

**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

*Carl H. Jensen*

Licensed Embalmer No. 2370

P. O. Address Salina Mo.

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.