No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15113

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 3048 Registrar's No. 89

742
0

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

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Skidmore 0740
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) C. c. (Last) Knepper

4. DATE OF DEATH (Month) (Day) (Year) 4-13-1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1-11-1880
9. AGE (In years last birthday) 73 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) house wife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Skidmore-Mo- 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alfred C. Barber
13b. MOTHER'S MAIDEN NAME Anna Marie Coston
14. NAME OF HUSBAND OR WIFE Clinton C. Knepper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Clinton C. Knepper ADDRESS Skidmore Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Body of Uterus — INTERVAL BETWEEN ONSET AND DEATH not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. 172X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION curettage Carcinoma of uterus
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22, 1953, *to* April 13, 1953, *that I last saw the deceased alive on* April 13, 1953, *and that death occurred at* 1 wa m., *from the causes and on the date stated above.*

23a. SIGNATURE D. A. Blesmer M.D. (Degree or title) 0
23b. ADDRESS Maryville Mo.
23c. DATE SIGNED 4/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 4-15-1953
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.
24d. LOCATION (City, town, or county) Skidmore (State) Mo.

DATE REC'D BY LOCAL REG. 5-2-53
REGISTRAR'S SIGNATURE Bess Hole 229 0
25. FUNERAL DIRECTOR'S SIGNATURE S. M. Atkinson ADDRESS Maryville Mo.

(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 G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville, M

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.