

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16995

State File No.

FILED JUN 9 1953

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

No 509

H. Kneeland

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>4029</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u> <u>0060</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> <u>0060</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Minden</u>		c. LENGTH OF STAY (In this place) <u>75 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Minden</u>		d. STREET ADDRESS (If rural, give location) <u>1 block east of drug store</u>	
d. FULL NAME OF DECEASED (not in hospital or institution, give street address or location) <u>Homer</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolphus</u>		b. (Middle) <u>Marion</u>		c. (Last) <u>Moore</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>31</u> (Year) <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 2, 1871</u>	
9. AGE (In years last birthday) <u>81</u>		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) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Industry</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. O. Short</u> ADDRESS <u>Minden, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Embolism</u> DUE TO (c) <u>Senility & Atherosclerosis - 4 yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>7 days</u> <u>4 yrs</u>	
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 <u>4201</u>				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. 20, 1948</u> , to <u>May 31, 1953</u> , that I last saw the deceased alive on <u>May 31, 1953</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. H. Kneeland, D.O.</u> (Degree or Title)				23b. ADDRESS <u>Liberal, Mo.</u>		23c. DATE SIGNED <u>June 2, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosebank Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mulberry Kansas</u>	
DATE REC'D BY LOCAL REG. <u>June 6, 1953</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SMJ TH FUNERAL HOME</u>		ADDRESS <u>Pittsburg, Kans.</u>	

JUN 25 1953

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

E. K. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 3969

P. O. Address Pittsby, Pa

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.