No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17361

State File No.

FILED MAY 21 1953

BIRTH NO. REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 19

210
1

1. PLACE OF DEATH
a. COUNTY: CHARITON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNSWICK
c. LENGTH OF STAY (In this place): 10 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N.W. PART OF BRUNSWICK Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNSWICK 0210
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): DALE
c. (Last): KNIGHT

4. DATE OF DEATH (Month) (Day) (Year): 5-14-1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: 1-8-1862
9. AGE (In years last birthday): 91
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): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: STATIONARY
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DONT KNOW
13b. MOTHER'S MAIDEN NAME: DONT KNOW
14. NAME OF HUSBAND OR WIFE: DECEASED

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: MRS. JAS. WRIGHT
ADDRESS: BRUNSWICK 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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 25 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
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
4500
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* 5/14, 1953, *to* 5/14, 1953, *that I last saw the deceased alive on* 5/14, 1953, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. D. Stua M.D. (Degree or title)
23b. ADDRESS: Brunswick, Mo
23c. DATE SIGNED: 5/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-16-1953
24c. NAME OF CEMETERY OR CREMATORY: KEYTESVILLE
24d. LOCATION (City, town, or county) (State): KEYTESVILLE Mo.

DATE REC'D BY LOCAL REG.: 5-16-53
REGISTRAR'S SIGNATURE: Mildred Brosie 56
25. FUNERAL DIRECTOR'S SIGNATURE: L. Meersil
ADDRESS: Brunswick 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 L. W. Cassel

Licensed Embalmer No. 823

P. O. Address Brunswick 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.