FILED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22250

State File No.

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 304 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) California
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) Latham Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lake Ozark 0660
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle)
c. (Last) Knoch

4. DATE OF DEATH (Month) (Day) (Year) June 12, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 10, 1883
9. AGE (In years last birthday) 69 If under 1 year: Months 11 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Benton Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hammond Knoch
13b. MOTHER'S MAIDEN NAME Mary Jane Anders
14. NAME OF HUSBAND OR WIFE Edna Knoch

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. 499-10-3249
17. INFORMANT'S SIGNATURE OR NAME Ruth Knoch **ADDRESS** Eldon 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) Generalized Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 6 Months

ANTECEDENT CAUSES

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

DUE TO (b) Primary site unknown

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 1999
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* June 14, 1953, *to* June 12, 1953, *that I last saw the deceased alive on* June 12, 1953, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Kenyon Latham (Degree or title) M.D.
23b. ADDRESS California, Mo
23c. DATE SIGNED 6-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 15, 1953
24c. NAME OF CEMETERY OR CREMATORY Eldon
24d. LOCATION (City, town, or county) Eldon (State) Mo.

DATE REC'D BY LOCAL REG. 6/20/53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips **ADDRESS** Eldon

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

JUL 1 1954

APR 19 1954

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 Louis H. Phillips

Licensed Embalmer No. 5663

P. O. Address Needham

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.