

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27937

State File No.

FILED SEP 14 1953

BIRTH NO.

REG. DIST. NO. 47

PRIMARY REG. DIST. NO. 3008

Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Jefferson City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0264 517 Jefferson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) c. (Last) <u>Kneis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct 25. 1865</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u> IF UNDER 24 HRS. Hours Min.
10a. 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>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Christian Kuhl</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Kampbe ll</u>		14. NAME OF HUSBAND OR WIFE <u>Adam Kneis (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital Records Fulton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Vitamin Deficiency, Malnutrition</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

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) (Min.)		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 June 5, 1953, to Sept 3, 1953, that I last saw the deceased alive on Sept 2, 1953 and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Hospital Fulton, MO.</u>		23c. DATE SIGNED <u>9/3/53</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Sept 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ingomar</u>	
		24d. LOCATION (City, town, or county) (State) <u>Cole County Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Sept 8, 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] - [Address]</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

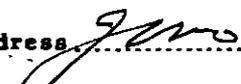
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 36.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.