

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28260**

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>501 West Wood</u>		d. STREET ADDRESS (If rural, give location) <u>P</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Gale</u> c. (Last) <u>McKnight</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 10, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 3, 1881</u>	9. AGE (In years last birthday) <u>72</u>	10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>0 7</u>
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		11. BIRTHPLACE (State or foreign country) <u>Andrew County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Tilman Slade</u>		13b. MOTHER'S MAIDEN NAME <u>Delina Kier</u>		14. NAME OF HUSBAND OR WIFE <u>J. W. McKnight</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. W. McKnight Albany, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>5 years</u> <u>15 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> DUE TO (c) <u>arterial hypertension</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	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) <u>Albany Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 March, 1950, to 8-10-1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u>	23b. ADDRESS <u>Albany, Mo.</u>	23c. DATE SIGNED <u>8-10-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>
24d. LOCATION (City, town, or county) (State) <u>Albany Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Aug 12-53</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chifford Burke Albany Mo.</u>
---	--	---

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

380

DEC 13 1955

Handwritten notes in Arabic script, possibly identifying the deceased or the location.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chiffon Burke

Licensed Embalmer No. 3329

P. O. Address Albany MO

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.