

FILED AUG 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5588</u>		Registrar's No. <u>160</u>	
1. PLACE OF DEATH a. COUNTY <u>Tasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Tasper</u>			
b. CITY OR TOWN <u>Sarcoxie R.A.</u>		c. LENGTH OF STAY (in this place) <u>Native</u>		c. CITY OR TOWN <u>Sarcoxie</u>		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D # N. of LaRussell</u>			
3. NAME OF DECEASED (Type or Print) <u>Samuel</u>		a. (First) <u>J.</u>		b. (Middle) <u>Knox</u>		c. (Last)	
4. DATE OF DEATH <u>8-9-1953</u>		(Month) <u>8</u>		(Day) <u>9</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>Married</u>		8. DATE OF BIRTH <u>6-21-1886</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Charahih Ireland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>4</u>		13a. FATHER'S NAME <u>Robert Knox</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Wella Woodrow Knox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wella Woodrow Knox</u> ADDRESS <u>Sarcoxie R.A.</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.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congrim Pectoris</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>Hypertension</u>							
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4202	
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>1-1</u> , 1953, to <u>8-9</u> , 1953, that I last saw the deceased alive on <u>8-8</u> , 1953, and that death occurred at <u>10:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. S. Bismey, M.D.</u> (Degree or title)				23b. ADDRESS <u>W. of LaRussell</u>		23c. DATE SIGNED <u>8-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harvey</u>		24d. LOCATION (City, town, or county) (State) <u>N. of LaRussell Ma</u>	
DATE REC'D BY LOCAL REG. <u>8-11-53</u>		REGISTRAR'S SIGNATURE <u>Clayton B. Clinton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Limon</u>		ADDRESS <u>Miller Ma</u>	

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

RECEIVED AUG 19 1953
Jasper County Health Office
County No. 682
Date Recd. AUG 19 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. R. Leman

Licensed Embalmer No. 3297

P. O. Address Miller 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.