

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29164

State File No. _____

No. 1048
10.48
AUG 26 1953

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon</u> c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY OR TOWN <u>Lebanon</u> <u>0533</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rice-Stix Factory</u>		d. STREET ADDRESS (If rural, give location) <u>214 South St.</u>	
3. NAME OF DECEASED a. (First) <u>Larry</u> b. (Middle) _____ c. (Last) <u>Knight</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 14 53</u>	
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb 10, 1943</u>
9. AGE (In years last birthday) <u>10</u> if UNDER 1 YEAR Months <u>6</u> Days <u>4</u> if UNDER 4 Hrs. Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Roy Knight</u>	
13b. MOTHER'S MAIDEN NAME <u>Jawvita Garrett</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE, OR NAME <u>Mrs Jawvita Knight</u>		ADDRESS <u>Lebanon 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>Fractured Skull</u> INTERVAL BETWEEN ONSET AND DEATH <u>None</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9123 46</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Factory</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>0533</u> (STATE) <u>MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-14-53-3:55 AM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Elevator Counter Balance Struck ^{him} on head</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Mella L. Gray</u> (Degree or title) <u>Local Registrar</u>		23b. ADDRESS <u>242 Taylor, Lebanon, Mo</u>	
23c. DATE SIGNED <u>8-15-1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Pond Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. MO.</u>	
DATE REC'D BY LOCAL REG. <u>8-15-1953</u>		REGISTRAR'S SIGNATURE <u>Mella L. Gray</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u>		ADDRESS <u>Lebanon, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received AUG 22 1953
Laclede County Health Unit
File No. 8-52-127
Date Filed AUG 25 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 JR Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, 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.