

No. 30  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29617**

FILED AUG 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5987** Registrar's No. **93**

850  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Union</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0850</b> <b>Rural Union</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Sarah</b>		b. (Middle) <b>Ellen</b>		c. (Last) <b>McKnolly</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 18 1953</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>5/12/1867</b>		9. AGE (In years last birthday) <b>86</b>		if UNDER 1 YEAR Months <b>3</b> Days <b>6</b>	if UNDER 24 HRS. Hours <b>6</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>			11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		

13a. FATHER'S NAME <b>David Francy</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>James Monroe McKnolly</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <b>X</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Joe McKnolly, Dixon, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congestive heart failure</b>				unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>mitral insufficiency</b>				unknown	
		DUE TO (c) <b>arteriosclerosis</b>				unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>410X</b>				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)		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 10, 1953** to **Aug 17, 1953**, that I last saw the deceased alive on **Aug 17, 1953**, and that death occurred at **2:00A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. O. 2</b>		23b. ADDRESS <b>Dixon, Mo.</b>		23c. DATE SIGNED <b>8-20-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/20/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Maries County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>8-20-53</b>		REGISTRAR'S SIGNATURE <b>Paula Lynn Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred H. Gilbert, Dixon, Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
8-20-53  
Pulaski County Health Officer  
File Number 8-22-53  
Date Filed 8-22-53

**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

*Maurice E. Schierbaum*

Licensed Embalmer No. ....

*4505*

P. O. Address Dixon, Missouri

**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.