

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35334

FILED NOV 13 1953

State File No. 67

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 67

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY CLARK	b. CITY OR TOWN Kahoka	a. STATE Missouri	b. COUNTY Clark
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Kahoka, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS 575 N. Lincoln St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Earl	b. (Middle) D.	c. (Last) Knight	4. DATE OF DEATH (Month) (Day) (Year) Nov. 2nd 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/27th 1888	9. AGE (In years last birthday) 65	# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Salem, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter Knight	13b. MOTHER'S MAIDEN NAME Emma Crawford	14. NAME OF HUSBAND OR WIFE Gertrude Brookhart
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Knight, Kahoka, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11/2nd, 19 53 to 11/2nd, 1953, that I last saw the deceased alive on 11/2nd, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kerry S. Boston 2 M.D.	23b. ADDRESS Kahoka, Missouri	23c. DATE SIGNED 11/2/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/2/53	24c. NAME OF CEMETERY OR CREMATORY Kahoka, Cemtery.	24d. LOCATION (City, town, or county) (State) Kahoka, Mo
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DATE REC'D BY LOCAL REG. 11/13-53	REGISTRAR'S SIGNATURE H. Bridgman	25. FUNERAL DIRECTOR'S SIGNATURE W. K. ...	ADDRESS Kahoka, Mo
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(Licensed Embalmer's Statement on Reversed Side)

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

230
1

No. 300
10. 48

MAY 16 1952

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address _____

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.