

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Sims 38919

State File No.

FILED DEC 8 1953

BIRTH NO. REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 38876 Registrar's No. 33-

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

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY OR TOWN Mountain View, Mo		c. CITY OR TOWN Mountain View, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memoral Hospital		e. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED a. (First) John b. (Middle) Adam c. (Last) Knierim		4. DATE OF DEATH (Month) (Day) (Year) Dec, 2 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 13- 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Atchinson Kansas
13a. FATHER'S NAME Adam Knierim		13b. MOTHER'S MAIDEN NAME Sarah	14. NAME OF HUSBAND OR WIFE Ella Knierim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes War 18		16. SOCIAL SECURITY NO. 396-09-4930	17. INFORMANT'S SIGNATURE OR NAME Ella Knierim ADDRESS Mountain View, Mo
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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) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION 0	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Specify)	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 Dec 1, 1953, to Dec 2, 1953, that I last saw the deceased alive on Dec 2, 1953, and that death occurred at 12:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edmund J. M.D.	23b. ADDRESS Mtn View, Mo.	23c. DATE SIGNED 12/3/53
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	24b. DATE Dec 4 1953	24c. NAME OF CEMETERY OR CREMATORY Mtn View Cem
24d. LOCATION (City, town, or county) (State) Mountain View, Mo		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 8 1953	REGISTRAR'S SIGNATURE Edmund J. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home ADDRESS Mtn View, Mo.
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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.....
Signature of Student Embalmer

Signed *Joe P. Duncan*.....

Licensed Embalmer No. *4325*.....

P. O. Address *Mt. View*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.