

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42665

State File No.

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3093 Registrar's No. 263

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>340 /</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> | b. (Middle) <u>M.</u> | c. (Last) <u>Knowles</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-9-53</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>3- -83</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months Days | IF 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) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Appleton City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>E. S. Knowles</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Taylor</u> | 14. NAME OF HUSBAND OR WIFE <u>Alice E. Knowles</u> |
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| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Knowles, Appleton City, Mo.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic valvular heart disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary infarction</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 Dec 6, 1953, to Dec 9, 1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 4:59 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Death or title) <u>Edward B. Smith, D.O.</u> | 23b. ADDRESS <u>Wetzel Hospital, Clinton, Mo.</u> | 23c. DATE SIGNED <u>12/9/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-10-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Denney</u> | 24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec-10-53</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Lyle C. Glinkingbeart

Signed.....
Student Embalmer

Licensed Embalmer No. 4830

P. O. Address Ave., 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.