

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>			c. LENGTH OF STAY (In this place) <u>5 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>607 4th St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>LEVICA</u>		c. (Last) <u>KNOX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1954</u>		
5. SEX <u>fe</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec. 22, 1887</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mokane, Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Bryan</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Strickland</u>		14. NAME OF HUSBAND OR WIFE <u>James T. Knox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-12-5652</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Knox</u>		ADDRESS <u>Boonville, 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>Cancer of Stomach</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</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>Anemia -</u>					<u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151 X</u>					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 <u>June</u> , 19 <u>53</u> , to <u>Jan 9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 9</u> , 19 <u>54</u> , and that death occurred at <u>10:22 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>I. C. Beckett M.D.</u> (Degree or title)				23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>1-9-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/11/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mokane</u>		24d. LOCATION (City, town, or county) (State) <u>Mokane Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1/11/54</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> <u>381-7</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>12 W. Shaker - Boonville Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 11 1954

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

Berry W. Shaker

Licensed Embalmer No. _____

3944

P. O. Address _____

Boonville 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.