

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3652**

FILED FEB 8 1954

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **6102** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Scotland b. CITY OR TOWN Rural Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland c. CITY OR TOWN Memphis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) all his life		e. STREET ADDRESS (If rural, give location) 0990	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Wilson c. (Last) McKnight			4. DATE OF DEATH (Month) (Day) (Year) Feb. 1 1954		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 12 1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR: Months _____ Days _____
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 (City and State or Foreign Country) Scotland, County		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Pressley McKnight	13b. MOTHER'S MAIDEN NAME Margarett Whallen	14. NAME OF HUSBAND OR WIFE Helen McKnight
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred McKnight ADDRESS Memphis, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull		INTERVAL BETWEEN ONSET AND 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) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9101 3		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Scrubbed	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson Twp. Scotland 99 MO
21d. TIME OF INJURY Feb 1 1954 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Big log rolled over him

22. I hereby certify that I attended the deceased from **2-1**, 1954, to **2-1**, 1954, that I last saw the deceased alive on **2-1**, 1954, and that death occurred at **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C.M. Seiler, Coroner of Scotland County	23b. ADDRESS Loren, Mo.	23c. DATE SIGNED 2/2/54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 4 - 54	24c. NAME OF CEMETERY OR CREMATORY Memphis
	24d. LOCATION (City, town, or county) (State) Memphis Mo.	

DATE REC'D BY LOCAL REG. 2/6/54	REGISTRAR'S SIGNATURE Vera G. Turner 476	25. FUNERAL DIRECTOR'S SIGNATURE Earl D. Benolt ADDRESS Memphis Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 19 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.....
Signature of Student Embalmer

Signed..... *Fred Gerth*

Licensed Embalmer No. *4258*

P. O. Address..... *Memphis*

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.