

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3845**

FILED FEB 24 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **42**

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

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler</b> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kirkville MO</b>                           |  | c. LENGTH OF STAY (In this place)<br><b>49 years</b>                                    | c. CITY OR TOWN <b>Queen City</b>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Community Nursing Home</b>  |  |   | e. STREET ADDRESS (If rural, give location)<br><b>Rural - unknown</b>   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Ernie</b> b. (Middle) <b>Knuttel</b> c. (Last) <b>Knuttel</b>    |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>2 14 54</b>   |   |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>          | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>                | 8. DATE OF BIRTH<br><b>July 17 1869</b>   | 9. AGE (In years last birthday) <b>84</b>       | 10. IF UNDER 1 YEAR Months <b>6</b> Days <b>24</b> IF UNDER 1 HR. Hours <b></b> Min. <b></b>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>          |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farmer</b>                                      | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Queen City MO.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |
| 13a. FATHER'S NAME<br><b>John Knuttel</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Deucher</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>— — — — —</b> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Ernie Knuttel, Valley Center, Kans.</b> |   |   |   |

|   |  |  |  |  |                                  |
|---|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxemia</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause, last.<br>DUE TO (b) <b>Secondary to multiple Decubitus Ulcers with Secondary infection</b><br>DUE TO (c) <b>Secondary infection</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |  |                                  |

|   |  |   |  |  |
|---|--|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION<br><b>7/5 X</b>   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 **May 1, 1952** to **Feb 14, 1954**, that I last saw the deceased alive on **Feb 13, 1954**, and that death occurred at **6:45 AM**, from the causes and on the date stated above.

|  |  |  |   |  |
|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><b>David W. Brown MD</b> |  | 23b. ADDRESS<br><b>Kirkville, MO</b>                             | 23c. DATE SIGNED<br><b>2-14-54</b>                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24b. DATE<br><b>Feb 16 1954</b>              | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Queen City Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Queen City, MO.</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>2-17-54</b>                   | REGISTRAR'S SIGNATURE<br><b>Wate Lambert</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Dooley Funeral Home</b>   | ADDRESS<br><b>Queen City</b>  |  |

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.....

Licensed Embalmer No. 461

P. O. Address Queen Pk

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.