

STANDARD CERTIFICATE OF DEATH

7924

State File No.

FILED MAR 22 1954

BIRTH NO. ... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <i>Calloway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Howard</i>	
b. CITY (If outside appropriate limits, write RURAL and give township) <i>Hutton, Mo</i>	c. LENGTH OF STAY (in this place) <i>33 days</i>	c. CITY OR TOWN <i>Armstrong, Mo</i>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital #1, Hutton, Mo</i>		e. STREET ADDRESS (If rural, give location) <i>none</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Anthony</i> b. (Middle) <i>F.</i> c. (Last) <i>Kneuvan</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 19, 1954</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>May 13, 1886</i>
9. AGE (In years last birthday) <i>67</i>		10. IF UNDER 1 YEAR Months <i>10</i> Days <i>6</i> Hours <i>1</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chef</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Chef</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Frank Kneuvan</i>	13b. MOTHER'S MAIDEN NAME <i>Christine Smith</i>	14. NAME OF HUSBAND OR WIFE <i>Separated</i>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>DR</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Records of State Hospital #1, Hutton, Mo</i>	ADDRESS
--	---	--	---------

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 <i>D.K.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION <i>4200</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>	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) m.	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 *2-24-1954*, to *3-19-1954*, that I last saw the deceased alive on *3-18-1954*, and that death occurred at *5:00 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Frank J. Nichols, M.D.</i>	23b. ADDRESS <i>State Hospital #1, Hutton, Mo.</i>	23c. DATE SIGNED <i>3-19-1954</i>
---	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Mar. 21, 54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Armstrong</i>	24d. LOCATION (City, town, or county) (State) <i>Armstrong Mo.</i>
DATE REC'D BY LOCAL REG. <i>Mar. 19-1954</i>	REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i>	426	25. GENERAL DIRECTOR'S SIGNATURE <i>Ralph Alan Fayette, MO.</i>

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

2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *E. Edward F. Brooks*.....

Licensed Embalmer No. *415*.....

P. O. Address *Fayette*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.