

STANDARD CERTIFICATE OF DEATH

9116

State File No.

BIRTH FILED MAR 30 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin 0735	
c. LENGTH OF STAY (If this place) 3 Yrs		d. STREET ADDRESS (If rural, give location) 3415 Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print) Hazen		a. (First) b. (Middle) c. (Last) G. KNOX		4. DATE OF DEATH March 19, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 2, 1888	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fish Bait Shop Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Keokuk, Iowa	
13a. FATHER'S NAME John Knox			13b. MOTHER'S MAIDEN NAME Lou Grubb		14. NAME OF HUSBAND OR WIFE Pearl Knox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Knox 3415 Main St Joplin, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate with Generalized Metastases		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		17 years	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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		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 Jan 25th, 1953, to March 19th 1954, that I last saw the deceased alive on March 19, 1954, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James E. Gabel, M.D.</i>		23b. ADDRESS Frisco Bldg. Joplin, Mo.		23c. DATE SIGNED 3-20-1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery	
				24d. LOCATION (City, town, or county) (State) Pittsburg, Kansas	

DATE REC'D BY LOCAL REG. 3-25-54		REGISTRAR'S SIGNATURE <i>James E. Gabel</i> 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort Joplin, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1979

RECEIVED MAR 29
Jasper County Health Office
County File Number 54-3-2
Date Filed MAR 29 1979

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

W. E. Addleton

Signed.....

Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.