

FILED MAY 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16361 Registrar's No. 224

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Okla.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Applin		b. COUNTY Ottawa	
c. LENGTH OF STAY (in this place) 10 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quapaw 8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS (If rural, give location) N.W. OF QUAPAW 8	

3. NAME OF DECEASED (Type or Print) Abraham S. Knowles	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH May 15-1954	(Month)	(Day)	(Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Mar. 1-1908	9. AGE (In years last birthday) 47	10 UNDER 1 YEAR Months 2	11 UNDER 1 WEEK Days 14	12 UNDER 1 HR. Hours	13 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic welder	10b. KIND OF BUSINESS OR INDUSTRY garage welding	11. BIRTHPLACE (State or foreign country) Cronker - Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edwin Knowles	13b. MOTHER'S MAIDEN NAME Emma Keith	14. NAME OF HUSBAND OR WIFE Dorothy Knowles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 441-05-4030	17. INFORMANT'S SIGNATURE OR NAME Dorothy Knowles - Quapaw	ADDRESS
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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) Amputation, Traumatic left leg & pelvis 11 hrs	ANTECEDENT CAUSES Disrupture, Traumatic, small bowel		
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO Disrupture Traumatic, left Diaphragm & cord Diaphragmatic hernia, left		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) E8154		26

19a. DATE OF OPERATION 5-14-54	19b. MAJOR FINDINGS OF OPERATION Amputation left leg & pelvis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SURVEIL HOME/ROAD (Specify) Accident	21b. PLACE OF INJURY (e.g., home or about home, farm, factory, street, other bldg., etc.) Highway 66	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) NORTH OF QUAPAW - OTTAWA - OKLA.	(STATE) 835
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-14-54 2 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? CAR + MOTORCYCLE ACCIDENT
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22. I hereby certify that I attended the deceased from 5-14, 1954, to 5-15, 1954, that I last saw the deceased alive on 5-14, 1954, and that death occurred at 2:20 am, from the causes and on the date stated above.

23a. SIGNATURE Dale Alquist	(Degree or title) M.D. Baxter Springs Kansas	23b. ADDRESS	23c. DATE SIGNED 5-15-54
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24a. BURIAL, CREMATION REMOVAL Removal	24b. DATE May 16-1954	24c. NAME OF CEMETERY OR CREMATORY B.P.A. Cem - Miami - Ottawa - Okla.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 5-20-54	REGISTRAR'S SIGNATURE Ed S. Jensen 138	25. FUNERAL DIRECTOR'S SIGNATURE Paul Thomas - Picher	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 24 1954

Jasper County Health Office

County File Number 54-5-391

Date Filed MAY 24 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Louis A. Howell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3590*

P. O. Address *Applis 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.