

FILED JUL 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18660**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>		Registrar's No. <u>641</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural N. Campbell Twp</u>		c. LENGTH OF STAY (in this place) <u>30yrs</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield R.F.D. # 6</u>				e. STREET ADDRESS (If rural, give location) <u>Springfield R.F.D. # 6</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>MONROE</u>		c. (Last) <u>KNAUS</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>2,</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>18 March 1858</u>	
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. cabinet maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cabinet shop</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Knaus</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Janie Nettie Knaus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mayme Ellis, Rt. 6, Springfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pleural pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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. <u>Senility</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493 X</u>				20. AUTOPSY? 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) 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 <u>6-28-54</u> , 19 <u>54</u> , to <u>7-1-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-1-54</u> , 19 <u>54</u> , and that death occurred at <u>3:20A</u> , m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C E Feller M.D.</u>				23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>		23c. DATE SIGNED <u>7-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4 July 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Comfort Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>7-3-54</u>		REGISTRAR'S SIGNATURE, <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Plume</u>		ADDRESS <u>Springfield, Mo.</u>	

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

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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. *Ralph A. Thiene*.....

Licensed Embalmer No. 3681
Springfield,
P. O. Address Missouri.....

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.