

FILED SEP 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. 26196

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Hoberg</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs</u>		d. STREET ADDRESS (If road, give location) <u>0550 / 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Herman</u>	a. (First)	b. (Middle)	c. (Last) <u>Knaust</u>	4. DATE OF DEATH <u>August 23rd 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April-8-1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Hopkinsville Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Knaust</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Wagner</u>	14. NAME OF HUSBAND OR WIFE <u>Erma Knaust</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Erma Knaust</u>	ADDRESS <u>Hoberg, Mo.</u>
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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, asthma, etc.* It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	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. _____			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 7:30 PM on 8/23, 1954, to 8:23, 1954, that I last saw the deceased alive on 8/23, 1954, and that death occurred at 4:20 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Erma Knaust</u>	(Degree or title) _____	23b. ADDRESS <u>Hoberg, Mo.</u>	23c. DATE SIGNED <u>8/24/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 26-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sutherland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Friestott Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 26 54</u>	REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>	487-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fossett</u>	ADDRESS <u>Hoberg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0051

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 854-99

DATE REC. 8-31-54

DEC 13 1955

MAY 27 1956

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
Student Embalmer

Signed Max L Fossell

Licensed Embalmer No. 4252

P. O. Address Wetmore, 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.