

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27963

State File No. 443

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		Lowell <u>8/15/54</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Freeman's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles East of Galena</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Virgie</u>		b. (Middle) <u>Sarah</u>		c. (Last) <u>Knight</u>	
						4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 14, 1901</u>	
						9. AGE (In years last birthday) <u>53</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Galena, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Tipton</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Bullock</u>			14. NAME OF HUSBAND OR WIFE <u>Robert Knight</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Knight</u>		ADDRESS <u>Route Galena, Kan</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19. NAME OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>331X</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>9/4</u> , 19 <u>54</u> , to <u>9/9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/9</u> , 19 <u>54</u> , and that death occurred at <u>2:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank James MD</u>				23b. ADDRESS <u>Galena Kansas</u>		23c. DATE SIGNED <u>9.10.54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/10/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>	
DATE REC'D BY LOCAL REG. <u>9.16.54</u>		REGISTRAR'S SIGNATURE <u>Ed D. James MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Knight</u>		ADDRESS <u>Galena Kansas</u>	

(Licensed Embalmer's Statement of Robert Knight)

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

MAR 21 1961

RECEIVED SEP 13 1954  
Jasper County Health Office  
County File Number 54-9-774  
Date Filed SEP 13 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 F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Jasper 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.