

STANDARD CERTIFICATE OF DEATH

28022

35 & 1 State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>RURAL</u> c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY OR TOWN <u>JOPLIN</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>E. 20TH ST. ROAD</u>		e. STREET ADDRESS (If rural, give location) <u>E 20TH ST. ROAD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PHEBIE</u> b. (Middle) <u>ANN</u> c. (Last) <u>McKNIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 27 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	
8. DATE OF BIRTH <u>AUG 6, 1866</u>		9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work conducting most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEOSHO, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY NUTT</u>		13b. MOTHER'S MAIDEN NAME <u>CELENA RUTLEDGE O. R. McKNIGHT (DECEASED)</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W. O. HANKS</u> ADDRESS <u>JOPLIN</u>	

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) <u>Abscess of Right Hip. (Decubital).</u>		DUPLICATE (b) <u>Decubital ulcers.</u>			<u>1 month</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u>General Senility.</u>			<u>6 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>3 years.</u>	
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 (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 7-27-1954 to 8-27-1954, that I last saw the deceased alive on 8-24-1954, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. B. Chapman M.D.</u>		23b. ADDRESS <u>Joplin Mo.</u>		23c. DATE SIGNED <u>8-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARTERSVILLE CEM. CARTERSVILLE MO</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Delores Sampson</u>		ADDRESS <u>Merleford Home, Joplin</u>	

RECEIVED SEP 7 1954
Jasper County Health Office
County File Number 54-9-7
Date Filed SEP 7 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Dale Glover

Licensed Embalmer No. 453

P. O. Address.....
Jasper

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.