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FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36595

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1267

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Tennessee</u> b. COUNTY <u>Dyer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Dyersburg</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Mos.</u>		f. STREET ADDRESS (If rural, give location) <u>Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Owen</u> b. (Middle) <u>B.</u> c. (Last) <u>Knight Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 1, 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>February 21, 1902</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst. Hotel Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	11. BIRTHPLACE (City, town, or township, county, state) <u>Dyersburg, Tenn.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Owen B. Knight</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Reed</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>183-05-3214</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Virginia Hargrove St. Joseph, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of left kidney</u> 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 <u>10/17/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of kidney</u>	20. AUTOPSY? YES <input checked="" 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) <u>St. Joseph, Mo.</u>
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

22. I hereby certify that I attended the deceased from 10/11, 1953, to 12/1, 1954, that I last saw the deceased alive on 12/1, 1954, and that death occurred at 11:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert L. Warner M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>12/2/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>Dec. 6, 1954</u>	REGISTRAR'S SIGNATURE <u>Bethel M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer - Helman St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Raymond W. Marsh*.....

Licensed Embalmer No. 4413..

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.