

FILED NOV 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37781

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage	c. LENGTH OF STAY (in this place) 35 yrs	c. CITY OR TOWN Carthage	d. Is Residence within limits of a City or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 505 Williams St		STREET ADDRESS (If rural, give location) 505 Williams St <i>0490</i>	

3. NAME OF DECEASED (Type or Print) a. (First) LULU b. (Middle) MAY c. (Last) KNOWLES	4. DATE OF DEATH (Month) (Day) (Year) Nov 6, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan 24, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William M. Knowles	13b. MOTHER'S MAIDEN NAME Rebecca Crawford	14. NAME OF HUSBAND OR WIFE ---
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME C.E. Knowles	ADDRESS 505 Williams, Carthage, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) occlusion, Coronary artery		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4201	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) (m.)	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 **Nov 6, 1954**, to **Nov 6, 1954**, that I last saw the deceased alive on **Nov 6, 1954**, and that death occurred at **1:30p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Wood	(Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 11-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-10-54	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 11-9-54	REGISTRAR'S SIGNATURE W. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo
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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 O. L. Isbell, Student Embalmer No. 500 working under my personal supervision..

Student O. L. Isbell
Signature of Student Embalmer

Signed Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.