

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38368

State File No.

FILED DEC 9 1954

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Maryland</u> b. COUNTY <u>Baltimore</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baltimore</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>6205 Kenwood Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>Clinton</u> c. (Last) <u>Knight</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 30, 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>23 May 1937</u>	9. AGE (In years last birthday) <u>17</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>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Clinton Knight</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Grimes</u>	14. NAME OF HUSBAND OR WIFE <u>---</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) <u>Yes 26 May 54 to date</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT STALEY, 2nd Lt, MSC</u>	ADDRESS <u>US Army Hosp Ft Leonard Wood 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive internal hemorrhage</u>		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) Perforation of heart, right lung, inferior vena cava, and liver</u> <u>DUE TO (c) Gunshot Wound</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>---</u>	19b. MAJOR FINDINGS OF OPERATION <u>E981X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Barracks (Bldg 870)</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ft Leonard Wood Pulaski Missouri</u>
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21d. TIME OF INJURY <u>Nov 30, 1954 3:05 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Minor altercation</u>
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22. I hereby certify that I attended the deceased ~~from~~ from 30 Nov, 1954, ~~to~~ at 3:05 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Jerry R. Owings, Capt, MC</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>1 Dec 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec 2 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Baltimore Maryland</u>
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DATE REC'D BY LOCAL REG. <u>12-2-54</u>	REGISTRAR'S SIGNATURE <u>Paula...</u>	4.54	25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy J. Hedges</u>	ADDRESS <u>Richland, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Date Filed 12-4-54

12-2-54

REF: 10 103

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 Clarence Gross

Licensed Embalmer No. 4896

P. O. Address _____

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.