

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED DEC 20 1954

State File No. **40128**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5122		Registrar's No. 337	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Brown's Station		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Brown's Station		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rocky Fork Tp.				STREET ADDRESS (If rural, give location) Rocky Fork Tp. 0100			
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE			b. (Middle) ONA		c. (Last) KNIFE		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1, 1886		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alexander Pope Knife			13b. MOTHER'S MAIDEN NAME Emily Jane Ott		14. NAME OF HUSBAND OR WIFE Myrtle Kemper Ott Knife.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lawrence O. Knife, Browns Station, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, Primary in lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 162X					INTERVAL BETWEEN ONSET AND DEATH 6 weeks or less	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Biopsy done by Ellis Fischel Hosp. Columbia						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, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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 10-29 , 19 54 , to 12-12 , 19 54 , that I last saw the deceased alive on 12-12 , 19 54 , and that death occurred at 10:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James A. Atkins M.D.			23b. ADDRESS 510a Cherry, Columbia			23c. DATE SIGNED 12/13/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 14, 1954	24c. NAME OF CEMETERY OR CREMATORY Dripping Springs Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri.		
DATE REC'D BY LOCAL REG. Dec. 14, 1954		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		31-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parson Funeral Service, Columbia, Mo	

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

(Licensed Embalmer's Statement on Reverse Side)

JAN 3

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 *J. P. Kelly*
Licensed Embalmer No. *489*
P. O. Address *Columbus*

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.