

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1933

State File No.

FILED FEB 7 - 1955

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. 3

1. PLACE OF DEATH
 a. COUNTY Osage
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Benton c. LENGTH OF STAY (If stay) 6 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) home 7mi west of Chamois

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Osage
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Benton 0760
 d. STREET ADDRESS (If rural, give location) 7 mi west of Chamois 0

3. NAME OF DECEASED (Type or Print)
 a. (First) Charles b. (Middle) Reed c. (Last) McKnight 4. DATE OF DEATH (Month) (Day) (Year) 1 27 55

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 17 Feb 1875 9. AGE (In years last birthday) 79 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Missouri 0 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hugh McKnight 13b. MOTHER'S MAIDEN NAME Sarah Bradford 14. NAME OF HUSBAND OR WIFE Birda Bock McKnight

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. 49 031 949 17. INFORMANT'S SIGNATURE OR NAME Mrs Brda McKnight ADDRESS Chamois, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
 ANTECEDENT CAUSES Generalized arteriosclerosis
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Senility
 DUE TO (c) Senility
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
 20. AUTOPSY? YES NO

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1850, 1950, to 1-27, 1955, that I last saw the deceased alive on 1-27, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. U. McEmery MD 23b. ADDRESS Jefferson City, Mo. 23c. DATE SIGNED 1-27-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-30-55 24c. NAME OF CEMETERY OR CREMATORY Deer Cemetery 24d. LOCATION (City, town, or county) (State) Chamois, Missouri

DATE REC'D BY LOCAL REG. 1-30-55 REGISTRAR'S SIGNATURE Anna Moran 448 25. FUNERAL DIRECTOR'S SIGNATURE Stanley E. Meyer ADDRESS Chamois

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

760

MAR 23 1955

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 Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Cherokee, 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 this body is not embalmed, fact should be so stated above.